

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Oct 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000036133 (1)**

1. Corporation Name

MCSAL CONSTRUCTION SERVICES, INC.



Principal Place of Business

**1033R NW 6TH AVENUE
FT. LAUDERDALE FL 33311**

Mailing Address

**1033R NW 6TH AVENUE
FT. LAUDERDALE FL 33311**

N.B.

**1813 NW 15 STREET
FT. LAUDERDALE
FLA. 33311**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

05-0058957

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

1813 NW 15 STREET

Suite, Apt. #, etc.

FORT LAUDERDALE

City & State

FLA.

Zip

33311

Country

U.S.A.

2a. Mailing Address

1813 NW 15 STREET

Suite, Apt. #, etc.

FORT LAUDERDALE

City & State

FLA. 333

Zip

33311

Country

U.S.A.

9. Name and Address of Current Registered Agent

**MCKENZIE, FREDERICK H
1809 N.W. 16 STREET
FT. LAUDERDALE FL 33311**

*PLEASE NOTE
NEW MAILING
ADDRESS*

10. Name and Address of New Registered Agent

81. Name

FREDERICK H. MCKENZIE

82. Street Address (P.O. Box Number is Not Acceptable)

1813 NW 15 STREET

83. City

FORT LAUDERDALE

84. State

FL

85. Zip Code

33311

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

F. McKenzie **PRESIDENT**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**V/P - SECT.
TAMMY W MCKENZIE
1813 NW 15 STREET
FT. LAUD., FLA 33311**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ DELETE

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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

F. McKenzie **PRESIDENT** **10/7/98** **954 760 7186**

CR2E034 (10/97)