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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS May 05, 1999 8:00 am Secretary of State 05-05-1999 90111 047 ***150.00

DOCUMENT # P97000037550

1. Corporation Name

DESIGN CONCRETE CORPORATION

Principal Place of Business Mailing Address								,, 00,-122	
1566 MASSA S	TREET	1566 MASSA	1566 MASSA STREET						
Kissimmee Fl	34744	KISSIMMEE FL 34744					DO NOT MOUTE IN THIS SPACE		
						DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 04/25/1997		
Principal Pl	ace of Business	2a. Mailing	2a. Mailing Address				<u> </u>	ed For	
al e		26	26				59-3439808 Not A	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					E Contitonto of Status Region	esired Sa.75 Additional Fee Required	
City & State		City & State					6. Election Campaign Financing 55.00 Ma	av Be	
3		28					Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Cour	ıtry		8. This corporation owes the current year Intangible		
4	25 29 30		30	}			No		
9. Name and Address of Current Registers							10. Name and Address of New Registered Agent		
1					81	Name	The second secon	ŀ	
	LEY, MARGARET			Ì	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
302 CORTEZ COURT						Street Addre	ess (F.O. Box Number is Not Acceptable)	-	
KISSIMMEE FL 34758			ſ	83					
				}	84	City	FL 85 Zip Coo	de	
office or re	to the provisions of Sections 607.0502 agistered agent, or both, in the State on a familiar with, and accept the obligat	of Florida. Such o	:handê was au	thorized	DA.	the corporation	oration submits this statement for the purpose of changing its re on's board of directors. I hereby accept the appointment as regis	gistered tered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if annincable.	(NOTE: I	Registered	Ageni	t signature required	d when reinstating) OATE		
12. OFFICERS AND DIRECTORS 13.							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	S IN 12	
TITLE				1.1 TITLE		☐ Change	Addition		
NAME			12 NA	1.2 NAME			}		
,	1566 MASSA STREET			1.3 STREET ADDRESS			}		
STREET ADDRESS	KISSIMMEE FL 34744			4	1.4 City-St-ZiP			{	
CITY-ST-ZIP	D RISSIMMEE FL 34744				2.1 TITLE		Change	Addition	
TITLE	1		2.1 MA		ì				
NAME	THE STATE OF STREET						1		
STREET AODRESS				2.3 STREET ADDRESS			Í		
CITY-ST-ZIP	ZIP KISSIMMEE FL 34744				2. 4 CITY-ST-ZIP		☐ Change	Addition	
TITLE			4	3.1 TITLE					
NAME }			1	3.2 NAME			}		
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				3.4. CITY-ST-ZIP					
TITLE	DELETE 4.11		4.1 TIT	L1 TITLE		Change	Addition		
IAME			4.2 NA	4. 2 NAME			}		
STREET ADDRESS			4.3 STREET ADDRES		ADDRESS	- سم			
CITY-ST-ZIP			·> <	4.4 CITY-ST-Z		T-ZIP			
TITLE			DELETE	5.1 TIT	LΕ	}	☐ Change	Addition	
NAME				5.2 NA	ME	}		}	
ATTECT ADDOCAS				5.3 ST	REET	ADDRESS		ļ	

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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Addition

Change