SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

580 FERN AVENUE N.E.

PALM BAY FL 32907

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

29

Zip

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State -

22

23

24

Zip

580 FERN AVENUE N.E.

PALM BAY FL 32907



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700040166

Country

9. Name and Address of Current Registered Agent

25

1990 WEST NEW HAVEN AVENUE

CATTERON, A. VAN

J.M.:MORAN CONSTRUCTION, INC.

SUITE 104 83 MELBOURNE FL 32907 Zìp Code 84 City 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PTS TITLE 1.1 TITLE DELETE Change Addition **CR2E034** MORAN, JOSEPH M 1.2 NAME NAME 580 FERN AVE N.E. 1.3 STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 1.4 CITY-ST-ZIP CITY-ST-ZEF 2.1 TITLE TITLE DELETE ___ Addition 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZiP CITY-ST-ZIP 3.1-TITLE Change TITLE DELETE Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change 4 1 TITLE TITLE ☐ DELETE Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE DELETE ___ Change 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

Country

81 Name

30

FILED Aug 19, 1999 8:00 am Secretary of State

08-19-1999 90003 023 ***400.00 08-19-1999 90003 024 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Oaytime Phone #

Not Applicable

3. Date incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing
Trust Fund Contribution

 This corporation owes the current yea Intangible Personal Property.

10. Name and Address of New Registered Agent

05/02/1997 4. FEI Number

59-3456965

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