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Mar 11, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000041723

1. Corporation Name

CONSTRUCTION INDUSTRY PROFESSIONAL SEMINARS, INC

•										
Principal Place	e of Business	Ma	ailing Address				***		1 41991 11811 13	516 1/606 HILL 1301
1103 E LAS OLAS BLVD			1103 E LAS OLAS BLVD					:		
200 200								DO NOT WORK IN THE	C CDACE	
FT_LAUDERDALE_FL_33301-315 FT_LAUDERDALE_FL_33301-31					15			DO NOT WRITE IN THI	S SPACE	
US		US						3. Date Incorporated or Qualifed		
								05/07/1997		Applied For
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		Not Applicable
21			26					65-0802855		5 Additional
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired	• -	Required
22			City & State				a Flatia Compaign Financing		May Be	
City & State							6. Election Campaign Financing Trust Fund Contribution		ed to Fees	
Zip	Country	28	Zip		ountry			8. This corporation owes the current year I		
_ '	· ·	20	£.ip	30	ou,			Personal Property Tax.	☑ Yes	□No
24	9. Name and Address of Curre	29	tered Agent	30	Т			10. Name and Address of New Registere	<u> </u>	
	g. Name and Address of Curre	ili Keğis	iciou Agein		81	Νε	ame	10.		
SPIE	GEL, ROSS									
1103 E LAS OLAS BLVD					82 Street Address (P.O. Box Number is Not Acceptable)					
	E 200				83	+-				
	AUDERDALE FL 33301-2315					l				
, , _					84	Cit	ty	F	85 Z	ip Code
44 Durawant	to the provisions of Sections 607.05	02 and 6	07 1508 Florida Statu	toe the	above	A-D31	med corno	ration submits this statement for the purpose	of changing	its registered
l office or re	egistered agent, or both, in the Stat	e of Floric	ia. Such change was a	authonz	ed by	tne o	corporation	n's board of directors. I hereby accept the app	ointment as	registered
agent. Fai	m familiar with, and accept the oblig	ations of,	, Section 607.0505, Flo	orida St	atutes	å.				
SIGNATURE	Signature, typed or printed name of registered as		d analisable (NOT	E: Pagisto	rod Agne	ot eige	ature required	when reinstating) DATE		
12.	OFFICERS A			1:		in oigh	albie Todonou	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
TITLE	D		☐ DELETE	_	I TITLE				Chan	
NAME	SPIEGEL, ROSS			1.2	NAME					
STREET ADDRESS: 1103 E LAS OLAS BLVD SUITE 200					1.3 STREET ADDRESS			ŧ		
ET LAUDEDDALE EL COCCA COAE					1.4 CITY-ST-ZIP					
CITY-ST-ZIP	D	3.0	☐ DELETÉ	_	TITLE	, ,	-		☐ Chan	ge 🔲 Addition
NAME	JUST, PAUL W III				2.2 NAME					į
	2743 NE 20TH CT SUITE #2	,			STREE		DESS			ĺ
STREET ADDRESS	FT LAUDERDALE FL 33305									
CITY-ST-ZIP TITLE	FI LAUDENDALE FL 33303		☐ DELETE		4 CITY-S 1 TITLE	51-ZIP			Chan	ge Addition
			C DELETE	1	NAME					
NAME				1	STREE		nece			
STREET ADDRESS				1			1			
CITY-ST-ZIP			☐ DELETE	_	1. CITY-S 1 TITLE	51-ZIP	,		Chan	ge Addition
TITLE			C) DCCC1C	1	2 NAME					
NAME							DE00			
STREET ADDRESS					STREE					
CITY-ST-ZIP			☐ DELETE		CITY-S				☐ Chan	ge
TITLE			DELETE		TITLE 2 NAME					,
NAME							DESC	• .		
STREET ADDRESS					STREE					
CITY-ST-ZIP					CITY-S				☐ Chan	ge Addition
TITLE			☐ DELETE							ac Dividing
NAME				- 6	2 NAME					
STREET ADDRESS				6.3	STREE	T ADD	RESS			

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, with all other like empowered.

SIGNATURE: