

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL 20 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **P97000045252 (8)**

1. Corporation Name

KON-STRUCT BUILDERS INC.

Principal Place of Business

**1951 COUNTY RD 427, SOUTH
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**1951 COUNTY RD 427, SOUTH
ALTAMONTE SPRINGS FL 32701**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1997

4. FEI Number

59-3444264

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**ALEXANDER, GILBERT L
1951 COUNTY RD 427, SOUTH
ALTAMONTE SPRINGS FL 32701**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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)

DATE

7/14/98

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Juan Rivera	
STREET ADDRESS	1951 County Rd 427, South	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	Vice President	☐ DELETE
NAME	Gilbert L. Alexander	
STREET ADDRESS	1951 County Rd. 427, South	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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	

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******150.00 ****150.00**

two pages

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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.

SIGNATURE:

Juan Rivera

7/14/98

CR2E034 (5/98)

KON-STRUCT BUILDERS, INC.

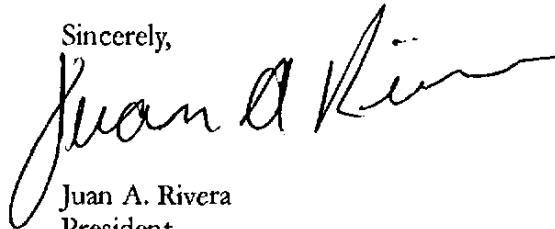
July 14, 1998

Attn.: Tyrone Scott
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Mr. Scott:

Enclosed you will find my annual report form. I am asking that you waive my late fee, due to the fact that I attempted to pay the fee on time. I asked several times to send me a duplicate form via (writing, phone & computer). I also followed it with a phone call to you sir. Upon receipt of the form I am send it back to you as you requested. Thank you for your time & interest.

Sincerely,

A handwritten signature in black ink, appearing to read "Juan A. Rivera". The signature is fluid and cursive, with a long horizontal stroke at the end.

Juan A. Rivera
President