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).

FILED
Sep 28 1998 8:00am
Secretary of State

• PROFIT
• CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P97000048519

1. Corporation Name
Flamingo Scaffold Service Inc.

Principal Place of Business
401 N 43 Rd
Ft. Lauderdale, FL 33309

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 380 NW 43rd Street
Suite, Apt. #, etc.
22
City & State
23 Oakland Park, FL
Zip
24 33309
Country
25 Broward

2a. Mailing Address
26 380 NW 43rd Street
Suite, Apt. #, etc.
27
City & State
28 Oakland Park, FL
Zip
29 33309
Country
30 Broward

3. Date Incorporated or Qualified
06/02/1997

4. FEI Number
65-0748195
☐ 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

9. Name and Address of Current Registered Agent
Augusto Carrillo
401 N 43 Rd
Ft. Lauderdale, FL 33309

10. Name and Address of New Registered Agent
81 Name
Augusto Carrillo
82 Street Address (P.O. Box Number is Not Acceptable)
380 NW 43rd Street
83
84 City
Oakland Park
FL
85 Zip Code
33309

11. Pursuant to the provisions of Section 607.0505 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 _____ 9/18/98
Signature typed or printed of registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	D	12 NAME	D
STREET ADDRESS	Carrillo, Augusto	13 STREET ADDRESS	Carrillo, Augusto
CITY-ST-ZIP	401 N 43 Rd FL 33309	14 CITY-ST-ZIP	380 NW 43rd Street Oakland Park, FL 33309
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	900002650983 -09/29/98--01014--019 ***558.75
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

JS 9-28

CR2E034 (5/98)

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 Blocks 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 9/18/98 (954)567-9690