

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

DOCUMENT # P97000052513

1. Corporation Name

FORTRESS INDUSTRIES, INC.

Principal Place of Business

1030 POWELL DR.
RIVIERA BEACH FL 33404

Mailing Address

1030 POWELL DR.
RIVIERA BEACH FL 33404

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90079 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1997

4. FEI Number

65-0759350

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 1281 N. Ocean Drive

Suite, Apt. #, etc.

27 Suite 159

City & State

28 Riviera Beach, FL

Zip

29 33404

Country

30 USA

9. Name and Address of Current Registered Agent

BORNSTEIN, MICHAEL
1030 POWELL DR.
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12.

OFFICERS AND DIRECTORS

TITLE

P

NAME

CHAPIN, NEIL

STREET ADDRESS

1030 POWELL DR

CITY-ST-ZIP

RIVIERA BEACH FL 33404

TITLE

STD

NAME

PRESZ, LINDA

STREET ADDRESS

770 LORI DR., SUITE 246

CITY-ST-ZIP

PALM SPRINGS FL 33461

TITLE

VD

NAME

BRAUGHT, WILLIAM

STREET ADDRESS

770 LORI DR., SUITE 246

CITY-ST-ZIP

PALM SPRINGS FL 33461

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V.

Chapin, Neil

1030 Powell Drive

Riviera Beach, FL 33404

PD

Brought, William

770 Lori Dr., Ste 246

Palm Springs, FL 33461

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda M. Presz 4/2/99

Date

(561)845-3765

Daytime Phone #

CR2E034 (1/98)