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Mar 08, 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 # P97000055313

1. Corporation Name

TRES-MON CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

C/O WILLIAM MALTZ
SUITE PHW/3420 S. OCEAN BLVD
HIGHLAND BEACH FL 33487

C/O WILLIAM MALTZ
SUITE PHW/3420 S. OCEAN BLVD.
HIGHLAND BEACH FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1997

4. FEI Number

65-0764139

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 4100 N Powerline Road

Suite, Apt. #, etc.

22 C-1

City & State

23 Pompano Beach

Zip

24 33073 25 FLORIDA

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

MALTZ, WILLIAM
4100 N POWERLINE ROAD #C-1
POMPAÑO BEACH FL 33073

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)

2/24/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MALTZ, WILLIAM
STREET ADDRESS 3420 S OCEAN BLVD #PHW
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE ☒ DELETE

NAME HOLZMANN, AVNER
STREET ADDRESS 4100 N POWERLINE ROAD #C-1
CITY-ST-ZIP POMPAÑO BEACH FL 33073

TITLE ☒ DELETE

NAME JOSEPH, AVRAHAM BEN
STREET ADDRESS 4100 N POWERLINE ROAD #C-1
CITY-ST-ZIP POMPAÑO BEACH FL 33073

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

☐ Change

☐ Addition

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

☒ Change

☐ Addition

Holzmann Avner

1400 NW 15th Ave. #7

Boca Raton FL 33486

Ben Joseph Avraham

4491 Crystal Lake Dr. #201-C

Pompano Beach FL 33064

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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

Date

Daytime Phone #

2/24/99

954-295-7616

CR2E034 (11/98)