

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Sep 21 1998 8:00am  
Secretary of State

DOCUMENT # **P97000060386 (4)**

1. Corporation Name

**NOTICE TO OWNER/CONSTRUCTION SERVICES, INC.**



Principal Place of Business

**13476 NORTHWEST 77TH COURT  
SUITE 357  
MIAMI LAKES FL 33016**

Mailing Address

**13476 NORTHWEST 77TH COURT  
SUITE 357  
MIAMI LAKES FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/11/1997**

4. FEI Number

**65-0767083**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$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 15476 NW 77 CT**

Suite, Apt. #, etc.

**22 Suite 357**

City & State

**23 Miami Lakes, FL**

Zip

**24 33016**

Country

**25**

2a. Mailing Address

**26 15476 NW 77 CT**

Suite, Apt. #, etc.

**27 Suite 357**

City & State

**28 Miami Lakes, FL**

Zip

**29 33016**

Country

**30**

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

**81 Name Isabel Lassus**

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

**5030 Palm Avenue**

**83**

**84 City Hialeah**

**FL**

**85 Zip Code**

**33012**

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

**Isabel Lassus**

**Isabel Lassus**

**8/21/98**

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 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

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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

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

**Isabel Lassus**

**8/21/98 1300 876-4757**

CR2E034 (5/98)

15476 N.W. 77<sup>th</sup> Court \* Suite 357 \* Miami Lakes, Fl. 33016  
Phone: (305) 826-4757 \* Fax: (305) 826-4037

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**Notice To Owner /  
Construction  
Services, Inc.**

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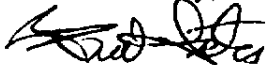
August 21, 1998

Division of Corporation  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, Florida 33012-1500

Please find check for \$150.00 & 1998 Annual Report Form. When I received form marked 2<sup>nd</sup> Notice (we never received 1<sup>st</sup>), We were instructed to mail form with this letter stating original form was never received.

Thank you for your consideration.

Yours truly,



Paul Gates  
Office Manager