SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name

indicated on this annual report or 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 suppliemental 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:

FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90001 023 ***550.00

LOWER	CONSTRUCTION AND IN	SPECTIONS, INC.					
4	,						
Principal Place of Business Mailing Address							
7750 JUNIPER	STREET	7750 JUNIPER STREET					
MIRAMAR FL 33023 MIRAMAR FL 33023							
ı					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
		1			07/22/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number / Dr7/Qu. Applied For		
21		26	26		APPLIED FOR (15-0/67448 Not Applicable		
Suite, Apt	Suite, Apt. #, etc.	uite, Apt. #, etc.		SR 75 Additional			
27					5. Certificate of Status Desired Fee Required		
City & Sta	City & State	& State		6. Election Campaign Financing \$5.00 May Be			
28		28	28		Trust Fund Contribution Added to Fees		
Zip	Zip Country Zip		Country		8. This corporation owes the current year		
24	25	. 29	30		Intangible Personal Property. Yes VNo		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent		
í · · -			7.	Name			
	RILAWYER CHARTERED	•		22 Sharet A	dence /P.O. Pay Number is Not Assentable		
343 ALMERIA AVENUE			[,	82 Street Address (P.O. Box Number is Not Acceptable)			
COR	IAL GABLES FL 33134		83				
				34 City	FL 85 Zip Code		
11 Dureuan	t to the provisions of sections 607.05	502 and 607 1508 Florida Statu	itee the abou	/a-named co	rporation submits this statement for the purpose of changing its registered		
office or	registered agent, or both, in the Sta	ite of Florida. Such change was	s authorized	by the corpo	ration's board of directors. I hereby accept the appointment as registered		
agent. I	am familiar with, and accept the obl	igations of, section 607.0505, I	Florida Statu	les.			
SIGNATURE	Signature, typed or printed name of registered a	sent and title if applicable	NOTE: Posietoro	d Ament signature	required when reinstating) DATE		
12.		AND DIRECTORS	13.	u Agent Signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	DELETE	1,1 TITL	E T	Change Addition		
NAME	SPAULDING, CLIVE	☐ DETEIE	1.2 NAM	- 1	Charge Addition		
STREET ADDRESS	THE HAMPER ATTICK			ET ADDRESS			
	LUDALLAD EL COCCO						
CITY-ST-ZIP TITLE	MINAMAN FL 33023		1.4 CITY 2.1 TITL				
		L DELETE	ŀ		Change Addition		
NAME			2.2 NAM				
STREET ADDRESS	}	t .		ET ADDRESS	1		
CITY-ST-ZIP		;	2.4 CITY				
TITLE	-	DELETE	3.1 TITL		Change Addition		
NAME			3.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4 CITY				
TITLE	}	DELETE	4.1 TITL		Change Addition		
NAMÉ			4.2 NAM	E			
STREET ADDRESS			4.3 STRE	ETADDRESS			
CITY-ST-ZIP			4.4 CITY	ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition		
AME			5.2 NAM	■			
TREET ADDRESS			5.3 STRE	ETADORESS			
CITY-ST-ZIP			5.4 CITY	ST-ZIP			
TITLE	*	DELETE	6.1 TITLE		Change Addition		
AME		<u>—</u>	6.2 NAM	: Ì			
TREET ADDRESS			6 2 0705	CT ADDOCCO			
- i			0.3 3 1 1 1	ET ADDRESS	1		
CITY-ST-ZIP			6.4 CITY		f		