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 # P9700067457

1. Corporation Name

NORTH POINTE CONSTRUCTORS, INC.

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90013 016 ***150.00



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Principal Place of Business Mailing Address							31 111 421 7 02
356 WEST HIGH STREET 356 WEST HIGH STREET							
OVIEDO FL 32765 OVIEDO FL 32765					DO NOT WRITE IN 1	THIS SPACE	
					3. Date Incorporated or Qualifed		
					08/04/1997		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	I Ap	plied For
				•	59-3460118		t Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	
27					5. Certifcate of Status Desired	Fee Re	quired
City & State	e	City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28	 1		-Trust Fund Contribution	Added to	
	Zip Country Zip				8. This corporation owes the current year	ır Intangible	
24	25	29 30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name			
SHAW, THOMAS C				Street Add	ess (P.O. Box Number is Not Acceptable)		
605 E. ROBINSON STREET STE. 510			82 Street Add				
ORL	ANDO FL 32801		83				1
			84	City		85 Zip C	Code
			ļ		_ :	FLIT	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth- ations of, Section 607.0505, Florida	onzed by	the corporat	poration submits this statement for the purpos tion's board of directors. I hereby accept the a	ippointment as ret	gistered
0.014.10142	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re		nt signature requi	red when reinstating) DA7		
12.		ND DIRECTORS	13.	—-	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	Addition
TITLE	D	☐ DELETE	1.1 TITLE			Change	L. Addition
NAME	POWELL, ERIC	بيد	1.2 NAME	1			ì
STREET ADDRESS	356 WEST HIGH STREET	•		TADDRESS		Ť	
CITY-ST-ZIP	OVIEDO FL 32765		1.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE		☐ DELETE	2.1 TITLE			[_] Criange	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS	·		2.3 STREE	TADDRESS			1
CITY-ST-ZIP		- Dipplett	2. 4 CITY-5	ST-ZIP	*-	~	Addition
TITLE		DELETE	3.1 TITLE			□ Change	
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-3	ST-ZIP		Change	Addition
TITLE		L. VELETE	4.1 TITLE			(_) Crimingo	
NAME		i	4. 2 NAME				
STREET ADORESS				TADDRESS			1
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5	T-ZiP		☐ Change	Addition
TITLE		☐ NETE 15	5.1 TITLE 5.2 NAME				
NAME				TADODECC			ļ
STREET ADDRESS	İ			TADDRESS			
CITY-ST-ZIP		O SELETE	5.4 CITY-S 6.1 TITLE	11-ZIP		☐ Change	Addition
TITLE		☐ DÉLETE				□ Citande	☐ Vagariou
NAME			6.2 NAME	T 4 DODDE			1
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T-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 of 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: