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 # P97000071996 1. Corporation Name

STEPHEN S. CONWAY, CONSTRUCTION CONSULTANTS, INC

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90027 021 ***150.00



Principal Place	e of Business	Mailing Address		_	\$ 80 100	(1) 1006 1404 1	8410 IBN 8 9111 1891
3373 NORTH OCEAN SHORE BLVD 3373 NORTH OCEAN SHORE FLGLER BEACH FL 32136 FLGLER BEACH FL 32136					DO NOT WRITE IN TH	IIS SPACE	
;				3. Date Incorporated or Qualifed			
					08/20/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For		
⊢ −-					59-3464206	Not Applicable	
21 26					<u>_</u>	\$8.7	5 Additional
22 27					5. Certifcate of Status Desired		Required
City & State	City & State City & State				6. Election Campaign Financing	\$5.0	OO May Be
23					Trust Fund Contribution		ed to Fees
Zip :			Count	country 8. This corporation owes the current year Intangible			
24	25	29 30			Personal Property Tax. ☐ Yes ☐ No		
	9. Name and Address of Current	Registered Agent	<u> </u>		10. Name and Address of New Register	ad Agent	
;			1	1 Name			
AMERILAWYER CHARTERED				82 Street Address (P.O. Box Number is Not Acceptable)			
343 ALMERIA AVENUE				Street Address (F.O. Box Number is not Acceptable)			
COR	AL GABLES FL 33134		8	3			
`; ;			_	4 City		85 2	Zip Code
1	5 37 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		ļ°	4 City	F	:L °° '	ip 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: Register					equired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	CTORS IN 12
TITLE :	PTD	☐ DELETE	1.1 T/TLJ	.		☐ Chan	ege 🔲 Addition 📗
NAME	CONWAY, STEVEN S		1.2 NAM	E			1
STREET ADDRESS 3373 NORTH OCEAN SHORE BLVD			1.3 STRI	ET ADDRESS			{
CITY-ST-ZIP	FLGLER BEACH FL 32136	•	1.4 CITY	-ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLI	=		Char	nge 🗌 Addition
NAME	CONWAY, LUPITA A		2.2 NAM	E			1
STREET ADDRESS	3373 NORTH OCEAN SHORE B	LVD	2.3 STRI	ET ADDRESS			
CITY-ST-ZIP	FLGLER BEACH FL 32136		2.4 CIT	r-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITL	-		Chan	ige
NAME	D'ALEXANDER, DOMINIC		3.2 NAM	E			ļ
STREET ADDRESS	3373 NORTH OCEAN SHORE B	LVD	3.3 STR	ET ADORESS			
CITY-ST-ZIP	FLGLER BEACH FL 32136		3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL			☐ Char	nge
NAME			4. 2 NAN	E			
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CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
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NAME			5.2 NAM	E			1
STREET ADDRESS			5.3 STR	EET ADDRESS			-
TITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL	Ē		Char	nge
NAME			6.2 NAM	E			ļ
STREET ADDRESS			6.3 STR	ET ADORESS			
CITY-ST-ZIP			6.4 CITY	-ST-ZIP			
(O)(1-31-4F	,						

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 for an attachment with an address, with all other like empowered.

SIGNATURE: