

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90100 022 ***150.00

DOCUMENT #

P97000072753

1. Corporation Name

M.H.W. GENERAL CONTRACTORS, INC.

Principal Place of Business
3658 N.W. 16th Street
Lauderhill, FL 33311

Mailing Address
3658 N.W. 16th Street
Lauderhill, FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1997

2. Principal Place of Business

2a. Mailing Address

21 3640 N.W. 16th Street

26 2 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 Suite 3400

City & State

City & State

23 Lauderdale, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33311

25

29 33131

30

4. FEI Number

65-0784533

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

White, Alma T.
3658 N.W. 16th Street
Lauderhill, FL 33311

81 Name
VALDES-FAULI CORPORATE SERVICES, INC.

82 Street Address (P.O. Box Number is Not Acceptable)
2 S. Biscayne Blvd.

83 Suite 3400

84 City
Miami

FL

85 Zip Code
33131

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 a registered agent under Florida Statutes.

SIGNATURE By: Mark J. Scheer, Vice President March 9, 1999

Signature typed or printed name of registered agent, or title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	White, Winston
STREET ADDRESS	3658 N.W. 16th Street
CITY-ST-ZIP	Lauderhill, FL 33311
TITLE	D <input type="checkbox"/> DELETE
NAME	Garson, K
STREET ADDRESS	3658 N.W. 16th Street
CITY-ST-ZIP	Lauderhill, FL 33311
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Meyers, Herbert D.
1.3 STREET ADDRESS	3640 N.W. 16th Street
1.4 CITY-ST-ZIP	Lauderhill, FL 33311
2.1 TITLE	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Garson, K.
2.3 STREET ADDRESS	3640 N.W. 16th Street
2.4 CITY-ST-ZIP	Lauderhill, FL 33311
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

K. Garson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. GARSON

10/11/99

(305) 581-5655

Daytime Phone #

CR2E034 (11/98)