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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90223 026 ***158.75

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DOCUMENT	# P9700098170	
 Corporation Name 	1 01 00000011 0	

SCHMITT CONSTRUCTION CO. 以PRICABLE ALCOM

动是阴阳,这种常居住民 Principal Place of Business 8800 SW 10 STREET

BOCA RATON FL 33433

Mailing Address

8800 SW 10 STREET **BOCA RATON FL 33433**

3. Date Incorporated or Qualifed 11/18/1997 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0796300 Not Applicable 21 26 8.75 Additional Suite, Apt. #, etc.--Suite, Apt; #; etc.~ 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Zip Country 8. This corporation owes the current year Intangible Z/No 30 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE , K. - ' **CORAL GABLES FL 33134** 83 BOMAIN DOMETRALDION DO Zip Code City

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 any accept the obligations of, Section 607:0505, Florida Statutes.

4/20/99 (NOTE: Registered Agent signature required when reinstating) Signature, typed or prin ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13, 12. DELETE Change ☐ Addition 1.1 TITLE TITLE **PSTD** SCHMITT, GREG A 1.2 NAME NAME **8800 SW 10 STREET** 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** 14 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TILE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6,2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 addless, with all other like empowered.

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

Change

Change

☐ Addition

Addition

GR2E034.(11/98)