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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000098396**

CITY-ST-ZIP

SEMATORE S MIDNITED INTO	L PRECAST CONCRETE	, INC.			
Principal Place of Business	Mailing Address	***************************************			
3160 NE 3 AVE T OAKLAND PARK FL 33334 US 3160 NE 3 AVE T OAKLAND PARK FL 33334 US US		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 11/17/1997		
			4. FEI Number	Applied For	
Principal Place of Business	2a. Mailing Address 26		65-0792962	Not Applicat	$\overline{}$
Suite, Apt. #, etc.	Suite, Apt. #, etc).	5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28		Trust Fund Contribution	Added to Fees	
Zip Country	Zip 29	Country 30	This corporation owes the currence Personal Property Tax.	rent year Intangible√ Yes No	
24 25 Name and Address of			10. Name and Address of New I	Registered Agent	
		81 Name	NATORE DONA	IN P	}
SENATORE, DONALD P		82 Street	Address (P.O. Box Number is Not Accept	able)	\neg
≈9151 NW 247H ST		34	30 N.W. 85 W	AY APT 205	
SUNRISE FL 33069-		83	LUDISE FIL.	<u> </u>	
	•	84 City	UNNEL) 1 DI	FI 85 Zip Code	
	007 0500 - 4 007 4500 Florida	Statutes the above named	compression submits this statement for the	purpose of changing its registere	ed
11. Pursuant to the provisions of Sections office or registered agent, or both, in the agent. I am familiar with and accept the	ne State of Florida. Such charge to bolightions of, Section 607,050	was authorized by the corp 5, Florida Statutes.	oration's board of directors. I hereby acce	pt the appointment as registered	
SIGNATURE Stock tree S		<i>(1/105)</i>		129/19	!
	stered agent and title if applicable	(NOTE: Registered Agent signature	required when reinstating)	OM	
12. OFFIC	ERS AND DIRECTORS	13.	required when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	2
TITLE DEP	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	☐ Change ☐ Add	2 dition
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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 oranged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATUR