

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 # P97000100624**

1. Corporation Name

**CALDER CONSTRUCTION, INC.**

Principal Place of Business

**9100 SW 51ST STREET  
MIAMI FL 33165**

Mailing Address

**9100 SW 51ST STREET  
MIAMI FL 33165**

2. Principal Place of Business

21 **5055 SW 91st Avenue**

Suite, Apt. #, etc.

22 **Miami, FL**

City & State

23 **33165 USA**

Zip

Country

24

2a. Mailing Address

26 **5055 SW 91st Avenue**

Suite, Apt. #, etc.

27 **Miami, FL**

City & State

28 **33165 USA**

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MILLER, BROOKS C  
3150 FIRST UNIONFINANCIAL CENTER  
200 S BISCAYNE BLVD  
MIAMI FL 33131**

3. Date Incorporated or Qualified

**01/01/1998**

4. FEI Number

**65-0797174**

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip 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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **CALDER, BRUCE E**  
STREET ADDRESS **9100 SW 51ST STREET**  
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **P/V/S**  
1.3 STREET ADDRESS **CALDER, BRUCE E.**  
1.4 CITY-ST-ZIP **5055 SW 91st Avenue**  
**Miami, FL 33165**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

**SIGNATURE: [Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BRUCE E. CALDER 3/8/99 305-878-5375**  
Date Daytime Phone #

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90052 013 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

0237586

CR2E034 (11/98)