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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000105957

1. Corporation	ID CONSTRUCTION, INC.						
Principal Place	of Business	Mailing Address				J., 64.6. 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
404 NORTHEAST 30TH ST. P.O. BOX 7078							
BOCA RATON FL 33431		BOCA RATON FL 33431		DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed	IIS SPACE	
					1		
	(5)	D Mailing Address			12/17/1997 4. FEI Number	Appl	ied For
	ace of Business	2a. Mailing Address			65-0300102	ļ	Applicable
21 Suite (nt	#	26 Suite, Apt. #, etc.			03 0300 102	\$8.75 Ad	
Suite, #.pt.	#, 0 10.				5. Certificate of Status Desired	Fee Regi	
City & State		City & State			S. Flootius Compaign Financing		
<u> </u>	.	28		6, Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		This corporation owes the current year		
├ ─┐ '	25	·	30		Personal Property Tax.	Yes	₹No
24	9, Name and Address of Curr		30		10. Name and Address of New Register		`
	5. Name and Advisor of Car.		81	Name			
WAYDA, MARK 404 NE 30TH STREET BOCA RATON FL 33431			82 83		dress (P.O. Bo (Number is Not Acceptable)		
			84	City		85 Zip Co	ode
office or n	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was au galions of, Section 607.0505, Flor	ithorized by ida Statutes	the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as regi	stered
	Signature, typed or printed n ime of registered a	AND DIRECTORS	13.	nt signature ret ui	red when reinstating DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
12.	PSTD	□ DELETE	1.1 TITLE		ABBITIONO OT MICEO TO CIT ICENC	☐ Change	Addition
	WAYDA, MARK		1.2 NAME				
NAME	404 NORTHEAST 30TH ST.		1.3 STREET ADDRESS				
STREET ADDRESS	BOCA RATON FL 33431		1.4 CITY-ST-ZIP				
CITY-ST-ZIP	BUCA RATUN FL 33431	DELETE	2.1 TITLE			Change	Addition
TITLE							
NAME			2.2 NAME	**********			
STREET ADDRESS				T ADORESS			
CITY-ST-ZIP_	•		2.4 CITY-1	ST-ZIP		Change	Addition
TITLE		- Detera				cags	
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			E Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			T Addition
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME	l		5.2 NAME				
STREET ADDRESS				TADDRESS			l
CITY-ST-ZIP		<u> </u>	5.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	61 TITLE			Change	☐ Addition

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 supplementa annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that fam an office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chap er 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address, with all other like empowered

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS