FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DIV

1. Corporation Name

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90056 038 ***150.00

PEERLE	SS CONSTRUCTION CO.							
Principal Plac	e of Business	Mailing Address				T (ONLINE) LIR INCAT LOUIS BARIT MATIC RALLE CAN	1 0 1 10110 1011	(
5750 CAMINO DEL SOL #300 5750 CAMINO DEL SOL #300								
BOCA RATON FL 33433 BOCA RATON FL 33433						DO NOT WRITE IN THIS S	DACE	
							PACE	
						3. Date Incorporated or Qualifed		
O. Mailing Address						01/27/1998 4. FEI Number	Δι	plied For
2. Principal Place of Business 2a. Mailing Address						65-0816613		ot Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						 		Additional
						5. Certifcate of Status Desired		equired
22 27 City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Inta	ngible	
24	25	29	30				Yes _	Ø No
	9, Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered A	gent	
				81	Name			
	VBERGER, MELVIN C			82	Stroot Addr	ess (P.O. Box Number is Not Acceptable)		
	D CAMINO DEL SOL #300			02	Street Addit	ess (1.0. box Humber to Not Accoptable)		
BOO	CA RATON FL 33433			83				
				0.4			ps Zin	Code
				84	City	FL	85 Zip	Obde
office or agent. I a SIGNATURE	am familiar with, and accept the obliga	ations of, Section 607.0505, F	-ionda Stat	utes	nt signature required	on's board of directors. I hereby accept the appoin		
12,		ND DIRECTORS	13.	, ago,		ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTO	DRS IN 12
TITLE	POFSIDEATT CECTOR			1.1 TITLE			☐ Change	☐ Addition
NAME	PRESIDENT - SECT TREAS. Malvin C. Newberger 57500 mino Del Bol #300 BOCA RATON FL 33433		1.2 N/	ME				
STREET ADDRESS	ENCLIN C. Newbe	rger	135	rree"	TADDRESS			
CITY-ST-ZIP	2750 2 mino Vel Bol #300		1.4 C	TY-S	T-ZIP			
TITLE	VICE PRESIDENT	E PRESIDENT DELETE 21					☐ Change	☐ Addition
NAME	MIRIEN A MANUFERS OF		AME				1	
STREET ADDRESS	SHIRLEY A. Newberger 223 5750 Camino Del Sol #300 233		TREE	TADDRESS	-		· <u>~</u> .	
			2.40	ITY-S	ST-ZIP			
TITLE	DELETE 3.11		TLE			☐ Change	☐ Addition	
NAME			3,2 N	AME				Ì
STREET ADDRESS	RESS 3.3		3,3 S	REE	T ADDRESS			
CITY-ST-ZIP			3.4. C	ITY- \$	ST- ZIP			
TITLE	☐ OELETE 4.1 T		TLE			☐ Change	☐ Addition	
NAME	4.2		4, 2 N	AME				
STREET ADDRESS	8		4,3 S	TREE	TADDRESS			
CITY-ST-ZIP			4.4 C	TY-S	ST-ZIP			
TITLE		☐ DELETE	■ ⁻				☐ Change	☐ Addition
NAME			■ C2N	AME		•		•
STREET ADDRESS								
	3		5.3 S	TREE	T ADDRESS			
CITY-ST-ZIP	3		5.3 S 5.4 C	TREE	T ADDRESS ST- ZIP	· · · · · · · · · · · · · · · · · · ·		- 2010.
CITY-ST-ZIP TITLE	3	☐ DELETE	5.3 S 5.4 C 6.1 Ti	TREE ITY-S TLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
	-	☐ DELETE	5.3 S 5.4 C 6.1 TI 6.2 N	TREE TY-S TLE AME	ST-ZIP		☐ Change	☐ Addition
TITLE		☐ DELETE	5,3 S 5,4 C 6,1 TI 6,2 N 6,3 S	TREE TLE AME			☐ Change	☐ Addition

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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on attachment with an address, with all other like empowered.

SIGNATURE:

SKNATURE AND TYPED OR FIRM THE PHONE OF SIGNING OFFICER OR DIRECTOR

Date 1/24/99 501 391 -9444

:R2E034 (11/9)