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 # P98000009487

1. Corporation Name

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90198 031 ***150.00

ALL GEN	IMAN CONSTRUCTION CO	RPURATION						
Principal Place	e of Business	Mailing Address				ORAN MOREN MORENES	16119 (811) 9 1091 1	#111 (DB1 EB1
4620 N OCEAN DRIVE 4620 N OCEAN DRIVE								
LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA FL				8			****	
					DO NOT WR		SPACE	
					3. Date Incorporated or Qualifed			
					01/28/1998		1 1 4	tied Fee
2. Principal Pl	Principal Place of Business 2a. Mailing Address				4. FEI Number 65-08 16	252	<u> </u>	died For
21		26			6320810		\$8.75 A	Applicable
	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Fee Rec	
22 27 27 City & State								

Zip	Country	Zip	Cou	ntry	8. This corporation owes the cur	ront year Int		
	25		30	,,	Personal Property Tax.	Tont your na		□No
24	9. Name and Address of Curre		30		10. Name and Address of New	Registered	Agent	
	3. Halifa alla Madilado di Balifa		-	81 Name		155		
STYLES, MICHAEL J ESQ				1 W Q 3	h r. coopi	10K	C.P.D	· • · · · · · · · · · · · · · · · · · ·
826 NORTHEAST 20TH AVE				82 Street Addr	ess (P.O. Box Number is Not Accep	ာ ထ (ရှိြ	K AU	No
FOR	T LAUDERDALE FL 33304			83		# (0		
						* (
				84 City	of 0 1111	FL	. 85 Zip C	သိုးရ
44 Durquant	to the provisions of Sections 607.050	have semed som	oration submits this statement for the	nurnose of	changing its	enistered		
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with and accept the oblig	of Florida. Such change was a	uthorized	by the corporation	on's board of directors. I hereby acce	ept the appoi	ntment as reg	istered
agent. I a	m familiar with and accept the obligi	ations of Section 607.0505, Flo	noa Stat	utes.	1 (1819 9	1		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE	Registered	Agent signature require		DATE		 ,
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS A	ND DIRECTO	RS IN 12
TITLE	PSD	☐ DELETE	1.1 ∏	TLE			Change	☐ Addition
NAME	TITZE, FRANK		1.2 N	AME				1
STREET ADDRESS	4620 N OCEAN DRIVE		1.3 S	TREET ADDRESS				
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	_ 33308	1.4 C	TY-ST-ZIP				_] ;
TITLE	TD	☐ DELETE	2.1 TI				☐ Change	□ A′
NAME	TITZE, ANNETT		2.2 N	AME				
STREET ADDRESS	4620 N OCEAN DRIVE		235	TREET ADDRESS				
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	33308		ITY-ST-ZIP	- · · · · · · · · · · · · · · · · · · ·		·	
TITLE	Brooking the or the	DELETE	3.1 TI				☐ Change	☐ Addition
NAME			3.2 N	AME				·
STREET ADDRESS			3.3 S	TREET ADORESS				
CITY-ST-ZIP			34 0	ITY-ST-ZIP				1
TITLE		☐ DELETE	4.1 TI				Change	☐ Addition
NAME			4. 2 N	AMF	,			
STREET ADDRESS				TREET ADDRESS				1
				TY-ST-ZIP		,		
TITLE		☐ DELETE	5.1 11				Change	Addition
NAME		_	5.2 N					-
STREET ADDRESS			5.3 S	TREET ADDRESS	•			
'			1	ITY-ST-ZIP	•			
CITY-ST-ZIP TITLE		DELETE	6.1 17			_	☐ Change	Addition
NAME			6.2 N	AME			_	
STREET ADDRESS		1	6.3 8	TREET ADDRESS				
I SINCEI MUURGOO	4		-	ı				

CITY-ST-ZIP 14. I hereby certify that the information supplied with his 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 supplied that any all 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 of the receive 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 attagment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 2

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR