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 # P98000019062

Country

25

KEYSTONE CONSTRUCTION & DEVELOPMENT GROUP OF FLO RIDA, INC.

Principal Place of Business			
9490 NW 24TH CT SUNRISE FL 33322			

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

9490 NW 24TH CT SUNRISE FL 33322

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

29

Zip

FILED Mar 10, 1999 8:00 am **Secretary of State**

03-10-1999 90015 038 ***158.75



	·			
	DO NOT WRI	TE IN TH	HIS SPACE	
3.	Date Incorporated or Qualifed	-		
	02/26/1998			
4.	EEI Number		Applied For	
	65-08/75	16	Not Applicat	le
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 curre Personal Property Tax.	ent year	r Intangible □ Yes 🗷No	
tQ.	Name and Address of New F	Register	red Agent	

9. Name and Address of Current Registered Agent 81 Name KURTOCK, DOUGLAS P Street Address (P.O. Box Number is Not Acceptable) 82 9490 NW 24TH CT SUNRISE FL 33322

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.

84 City

Country

30

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	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D □ DELETE	1.1 TITLE	. Change Addition					
NAME	KURTOCK, DOUGLAS P	1.2 NAME						
STREET ADDRESS	9490 NW 24TH CT	1.3 STREET ADDRESS						
CITY-ST-ZIP	SUNRISE FL 33322	14 CITY-ST-ZIP	,					
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition					
NAME		2.2 NAME						
STREET ADDRESS		2.3 STREET ADDRESS						
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<u> </u>					
TITLE	☐ DELETE	3.1 TITLE	Change Addition					
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS	·					
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	· ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition					
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS	·					
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition					
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition					
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·					
CITY-ST-ZIP		6.4 CITY-ST-ZIP	'					

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 of 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.

SIGNATURE:

Zip Code

85