## 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 # P98000019358

EXPERT CONCRETE INC.

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90221 050 \*\*\*150.00



					-{	11818   BIOG 11LF	#
Principal Place	of Business	Mailing Address					
<del>121 SE 17 ST 721 SE 17 S</del> T					1		
ORT-LAUDERD	ALE FL 33316	FORT LAUDERDALE_FL_33316		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	-	
					02/27/1998		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	A	Applied For
1334	28 334 LDNE A	NEPINE LAN		\$ 65-08/6242	N	lot Applicable	
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>		- C. Waste of Otation Desired		Additional
2		27			5. Certificate of Status Desired	^	Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be			
3 H AA	LLANDALE	28 HALLANDALE		Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip Country		8. This corporation owes the current year In	_		
4 330		29 33 009 30		<u>z</u>	Personal Property Tax.	∐ Yes	□No
	9. Name and Address of Current I	Registered Agent		T	10. Name and Address of New Registered	Agent	
1 454	OTHE EEDMAND		81	Name			Ì
	OTHE, FERNAND	-		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
	SE 17 ST		L	<u> </u>			
FUH	T LAUDERDALE FL 33316		83	1			
-		•	84	City		85 Zip	Code
			بــــــــــــــــــــــــــــــــــــــ	L	FL	- L	to registered
office or r	egistered agent or both in the State of	Florida Such change was authorize	ed by	the corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appo	intment as r	registered
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florida St	atutes	S.			
SIGNATUŔE	•				when reinstating) DATE		
	Signature, typed or printed name of registered agent a OFFICERS AND			nt signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
12.	PD OFFICERS AND		TITLE	· T	Abbilionoronintoleo (o en logito)	Change	
TITLE	LEGARE, PASCAL		NAME				
NAME	432 CLOUTIER	•		T ADDRESS			
STREET ADDRESS	LORETTEVILLE, QUEBEC G2A 3			ì	•		
CITY-ST-ZIP	LURETTEVILLE, QUEBEC GZA S		CITY-S	51-2IP		☐ Change	Addition
TITLE	V CHY	•	NAME	1		— ·	
NAME	LEMIEUX, GUY						
STREET ADDRESS			_	ET ADDRESS			
CITY-ST-ZIP	LORETTEVILLE, QUEBEC G2A 3		CITY-	S1-ZIP		Change	Addition
TITLE	*		NAME				_
NAME :				T ADDRESS			
STREET ADDRESS	·			1		•	!
CITY-ST-ZIP			CITY-	31-41		☐ Change	e Addition
TITLE		_	NAME	.			_
NAME	•			1			
STREET ADDRESS				ET ADDRESS	•	•	
CITY-ST-ZIP			CITY-S	SI-ZIP		☐ Change	e 🔲 Addition
TITLE			NAME	1			
NAME				ET ADDRESS			
STREET ADDRESS		•					
CITY-ST-ZIP			CITY-S			Change	e Addition
TITLE		C3 5555.4	TITLE			charige	
NAME	•		NAME				
STREET ADDRESS		i i		ET ADDRESS			
CITY OF TID		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: