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



Katherine Harris

COR ANNU	PROFIT PORATION JAL REPORT 1999		IENT OF STATE Harris I State RPORATIONS			May 05, 1999 8:00 am Secretary of State 05-05-1999 90207 024 ***150.00					
 Corporation 	MENT # P98000(NSTRUCTION, INC.	022043									
Deliverat Diago of Pusings								181 (848) 48 14 6 4	MI Ta kih Ta hih	 	11344
Principal Place of Business Mailing Address 7809 W. COMMERCIAL BLVD. 7809 W. COMMERCIAL BLVD. TAMARAC FL 33351 TAMARAC FL 33351											
						Ĺ	DO NOT WRITE IN THIS SPACE				
							 Date Incorporated 03/06/1998 	d or Qualifed		·	
2. Principal Pl	2a. Mailing Ad	. Mailing Address				4. FEI Number 65-08	nd or	12-1	<u> </u>	plied For	
21		26					65-08	0481			t Applicable
Suite, Apt.		Suite, Apt. #, etc.					5. Certifcate of State	us Desired		\$8.75 A Fee Re	
City & State)	28					Election Campaig Trust Fund Contri			\$5.00 Added to	
Zip	Country Zip				,	ł	This corporation of		ent year In	tangible	ъ ∣
24] 25] 29] 30				<u> </u>			Personal Property		7		No
	9. Name and Address of Current	Registered Agen	τ	81	Name		0. Name and Addre	385 OI NEW P	tegistered	Agent	
CASPER, CHRISTINE T											
7809 W. COMMERCIAL BLVD.				82	82 Street Address (P.O. Box Number is Not Acceptable)						}
TAMARAC FL 33351				83							
					<u> </u>						
<u>.</u>	·			84	\				FL	85 Zip C	
office or re	to the provisions of Sections 607.0502 agistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such cha	inge was autho	orized by	the corp	corpora oration's	tion submits this state board of directors. I	ment for the hereby accer	purpose of the appo	intment as rec	registered Jistered
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi					t signature i	required wh	en reinstating) ADDITIONS/CHAN	GES TO OF	DATE EICERS AI	UD DIPECTO	DO IN 12
12.	OFFICERS AND DIRECTORS DP			13. 1.1 TITLE						Change	Addition
NAME ,	OASPER, CHRISTINE T	_	55272	1.2 NAME		DF AA	ALVITA , C	HRIST	INE -	Τ. ΄	_
STREET ADDRESS	7809 W. COMMERCIAL BLVD.		ı	l .	T ADDRESS		,	• • •		•	İ
	TAMARAC FL 33351			1.4 CITY-S							}
CITY-ST-ZIP TITLE	V		DELETE	2.1 TITLE	(-21	 				[] Change	Addition
NAME	MALVITA, TIM			2.2 NAME		{				•	
STREET ADDRESS	7809 W. COMMERCIAL BLVD.				TADDRESS						
CITY-ST-ZIP	TAMARAC FL 33351			2. 4 CITY-5		İ					į
TITLE	1,000		DELETE	3.1 TITLE						Change	☐ Addition
NAME				3,2 NAME		}					
STREET ADDRESS				3.3 STREET	ADDRESS						}
CITY-ST-ZIP				3.4. CITY-5							1
TITLE			DELETE	4.1 TITLE						☐ Change	Addition
NAME				4. 2 NAME							}
STREET ADDRESS				4.3 STREET	ADDRESS		•				Į.
CITY-ST-ZIP				4.4 CITY-S	T-ZIP						
TIDLE			DELETE	5.1 TITLE		Ţ				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 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.

5.2 NAME

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

☐ Addition