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

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90091 012 ***150.00

| DOCUMENT # | P98000028527 |
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| Corporation | AGE CONSTRUCTION, INC. | J20321 | | | | | | | | | | |
|---|--|-----------------------------------|------------|--------------------------|----------------|----------------------------|-------------------------------|-----------------------------|--|-------------------|------------------------|--|
| Principal Place | e of Business | Mailing Address | | | | | | 85111 88111 | | | B() 1991 (89) | |
| 6807 113 STREET NORTH 6807 113 STREET NORTH SEMINOLE FL 33772 SEMINOLE FL 33772 | | | | | | | DO N | OT WRITE | IN THIS | SPACE | | |
| | | | | | | 3. Date Incorp 03/27/19 | 98 | Nualifed | | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | . 35 I | 239 | \supset | <u> </u> | lied For Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | $\neg \dagger$ | 5. Certificate of | | | □ | \$8.75 A | dditional | |
| City & State | <u> </u> | City & State | | | | 6: Election Ca | možion Fir | ancing | | | May Be | |
| 23 | | 28 | | | | Trust Fund | | | | Added to | - | |
| Zip | Country | Zip | Count | try | } | 8. This corpor | | | t year Int | angible □Yes Í | X No | |
| 24 | 25 25 Name and Address of Current | 29 30 | <u>)</u> | | | Personal P 10. Name and | | | nistered | | | |
| | 9. Name and Address of Current | vedisteren vaerr | | 31 Name | | | • | | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | | | |
| β43 | rilawyer Almeria avenue Al gables fl 33134 | | | 54 32 Street / 680 | | (P.O. Box Nur | O'Cor mber is Not Stree | Acceptab) | ortl | <u> </u> | | |
| 1 | | | 1 | 34 City | emi | nole | | | FL | 85 Zip C | ode 772 | |
| office or n | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat | of Florida. Such change was auth | ıorızea I | ove-named | cornora | tion submits th | is statemen tors. I herel | t for the pu by accept t | rpose of he appoi | changing its r | egistered istered | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NOTE: Re | nistered A | gent signature n | equired wh | en reinstating) | | | DATE | 16/43 | | |
| 12. | OFFICERS ANI | | 13. | gam sa g mata | | | /CHANGES | TO OFFI | CERS AN | D DIRECTOR | RS IN 12 | |
| TITLE | PSTD | ☐ DELETE | | | Pr | e Bident | | | | Change | ☐ Addition | |
| NAME | O'CONNOR, STEVEN P | 121 | | E | ~ 1. | awaa Pa | O'Cox | י ייסווו | | | | |
| STREET ADDRESS | | | | EET ADDRESS | | 202 113 | ip 24 | reat 1 | JOLH | h | | |
| CITY-ST-ZIP | | | 1,4 C/TY | '-ST-ZIP | Ser | minole | FL | 337 | 72 | | | |
| TITLE | | ☐ DELETE | 2.1 TITL | E | | | | | | Change | Addition | |
| NAME | | | 2.2 NAW | E. | \$. | | | | | | ľ | |
| STREET ADDRESS | | • | 2.3 STR | EET ADORESS | | 3 m 2 3 m 2 | | | | | | |
| -City-St-ZIP | | | 2.4 CIT | Ý-ST-ZIP | | | | | | | | |
| TITLE | | ☐ DELETE | 3.1 TITL | E | | | | | -; | Change | Addition | |
| NAME | | | 3.2 NAM | Œ | | | | | • | | | |
| STREET ADDRESS | | , | 3.3 STR | EET ADORESS | ļ | | | | | | | |
| CITY-ST-ZIP | | | 3.4. CIT | Y-ST-ZIP | | | | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITL | E | l | | • | | | Change | Addition | |
| NAME | | | 4, 2 NAJ | ME | | | | | | | | |
| STREET ADDRESS | | | 4.3 STR | EET ADDRESS | | - | | , . | | | | |
| CITY-ST-ZIP | | | 4.4 CITY | -ST-ZIP | | | | | | | | |
| | | | | - 1 | 1 | | | | | □ 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 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

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5,4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

GNADURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Date Daytime Priore &

16/99

Change

Addition