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 # P98000031953

1. Corporation Name

GOUDIE CONSTRUCTION MANAGEMENT, INC.

<i>y with 4 1</i>					
Principal Place of Business	Mailing Address				HI BUSUN ISION SIBIN IBINI USINI USINA
9011 SW 94 COURT MIAMI FL 33173	8011 SW 94 COURT MIAMI FL 33173			DO NOT WRITE IN THIS SPACE	
			} :	Date Incorporated or Qualifed 04/07/1998	
2. Principal Place of Business	2a. Mailing Address			DEI Number 082 55	Applied F Not Applie
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition Fee Required
City & State	City & State		- (5. Election Campaign Financing Trust Fund Contribution	\$5.00 May B Added to Fees
24 Country	29 30	Country		This corporation owes the current you Personal Property Tax.	, □ Yes □ No
9. Name and Address of C	urrent Registered Agent			Name and Address of New Regis	tered Agent
GOUDIE, JOSEPH A 8011 SW 94 COURT	Springer (A.C.)	81		(P.O. Box Number is Not Acceptable)	·
MIAMI FL 33173		83			
N.		84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 60 office or registered agent or both, in the agent. I am familiar with, and accept the	7.0502 and 607.1508, Florida Statutes, State of Florida Such change was authobligations of Section 607.0505, Florida	, the abov horized by a Statutes	e-named corporation's:	on submits this statement for the purp board of directors. Thereby accept the	ose of changing its registere appointment as registere
SIGNATURE					
Signature, typed or printed name of register			nt signature required whe		ATE
12. OFFICER	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN

Addition DELETE Change 1.1 TITLE GOUDIE, JOSEPH A NAME 1.3 STREET ADDRESS 8011 SW 94 COURT STREET ADDRES **MIAMI FL 33173** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition DELETE ☐ Change 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP [] Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Addition DELETE ☐ Change 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 appropriation 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 a with all other like empowered.

SIGNATURE:

968.5312

CR2E034

Hi

M

1991

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90020 001 ***150.00