

07141999-90013-006-\$150.00-\$150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$650 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT**

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000041206

1. Corporation Name

FIBRECRETE SYSTEM BUILDERS, INC.

Principal Place of Business
**940 ELLER DR.
FORT LAUDERDALE FL 33316**

Mailing Address
**940 ELLER DR.
FORT LAUDERDALE FL 33316**

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90013 006 ***150.00

607150 - 90002 - 33



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1998

4. FEI Number

05-0419042

Applied For

Not Applicable

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 current year
Intangible Personal Property.☐Yes ☐ No

2. Principal Place of Business

221 S.W. 14th Ct.

2a. Mailing Address

221 S.W. 14th Ct.

Suite, Apt. #, etc.

Fort Lauderdale, FL

Suite, Apt. #, etc.

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33315

Country

U.S.A

Zip

33315

Country

U.S.A

9. Name and Address of Current Registered Agent

**COHEN, LINDA
940 ELLER DR.
FORT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

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

TITLE **DST** ☐ DELETE

NAME **COHEN, LINDA**
STREET ADDRESS **2001 S.W. 52ND AVE.**
CITY-ST-ZIP **PLANTATION FL 33352**

TITLE **D** ☐ DELETE

NAME **EZZO, THOMAS E**
STREET ADDRESS **4792 N.W. 68TH AVE.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33319**

TITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition1.2 NAME ☐ Change ☐ Addition1.3 STREET ADDRESS ☐ Change ☐ Addition1.4 CITY-ST-ZIP ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition2.2 NAME ☐ Change ☐ Addition2.3 STREET ADDRESS ☐ Change ☐ Addition2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition4.2 NAME ☐ Change ☐ Addition4.3 STREET ADDRESS ☐ Change ☐ Addition4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition5.3 STREET ADDRESS ☐ Change ☐ Addition5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition6.3 STREET ADDRESS ☐ Change ☐ Addition6.4 CITY-ST-ZIP ☐ 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 in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)