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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000046920

1. Corporation Name

STRUCBAR INC.

Principal Place of Business	Mailing Address
% WILMA R. MAHONEY 3300 SUGARHILL AVE JENSEN BEACH FL 34957-7234 US	3300 SUGARHILL AVE. JENSEN BEACH FL 34957-7234 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6-1-98

4. FEI Number: 65-0838616 ☐ 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 Tax. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

MAHONEY, WILMA R.
3300 SUGARHILL AVE
JENSEN BEACH FL 33457

10. Name and Address of New Registered Agent

81 Name: Diana Barrios
82 Street Address (P.O. Box Number is Not Acceptable): 3300 Sugarhill Ave
83 Jensen Beach FL 33957
84 City: FL 85 Zip Code: 34957

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Diana Barrios 4/27/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	MAHONEY, WILMA R.		1.2 NAME	DIANA BARRIOS	
STREET ADDRESS	463 ACACIA PL		1.3 STREET ADDRESS	9442 DRAYTON RD	
CITY-ST-ZIP	JENSEN BEACH FL		1.4 CITY-ST-ZIP	PORT SAINT LUCIE FL. 34952	
TITLE	STD	☐ DELETE	2.1 TITLE	VP	☐ Change ☐ Addition
NAME	MAHONEY, JOSEPH F		2.2 NAME	FERNANDO BARRIOS	
STREET ADDRESS	463 ACACIA PL		2.3 STREET ADDRESS	9442 Drayton Rd	
CITY-ST-ZIP	JENSEN BEACH FL		2.4 CITY-ST-ZIP	PSL FL 34952	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SP

CR2E034 (11/98)

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: X Diana Barrios SIGNATURE REQUIRED President 4-21-99 (561) 334-0947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #