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

PROFIT CORPORATION ANNUAL REPORT

1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED
May 15, 1999 8:00 am
Secretary of State
05-15-1999 90010 014 ***150.00

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DOCU	MENT # P98000488	83 🗸					
7. Corporation	1 1 Siden Tates	national in	Fre				
1. Corporation Name Construction Systems International Inc				* 5 51297 - 90010 - 14 7 *			
						ノ	
Principal Plac	ce of Business Mailing	Address		7			
411 54	erre Blud						
COCOA FL 32922 SAME				DO NOT WRITE IN THIS SPACE			
Cocon	10 30100 3			2 Details and a Control	S SPACE]
				June 2, 1998			
2. Principal F	Place of Business 2a. Ma	ling Address		4. FEI Number 7 -1 3 914	- 	plied For	
21	26			34-3513011		t Applicable	
Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A Fee Re		
22 27 City & State City & State				a Floriton Committee Film		<u> </u>	
— ·		a state		6. Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to		
23 Zip	Country Zip		Country	This corporation owes the current year I		0 (663	-
24	25 29	30	,	Personal Property Tax.	•	□No	ĺ
	9. Name and Address of Current Registered			10. Name and Address of New Registere	d Agent		
M 0 .C	71		81 Name				
MACC 1/mm C.L. 82 Street Addre				dress (P.O. Box Number is Not Acceptable)			
1450 TAWWS OF "2" 3"			Ou ou Addit	ess (F.O. Box Humber is Not Acceptable)			
MARC TIMM 1450 TAWWS CH Merritt Island FL 3253			83				
7,147,1	g · · · ·		84 City		. 85 Zip C	Code	
				<u>F</u>	L _		
11. Pursuant	to the provisions of Sections 607.0502 and 607.15 registered agent, or both, in the State of Florida. S	508, Florida Statutes, th	he above-named corporation	oration submits this statement for the purpose only board of directors. I hereby accept the appli-	of changing its a	registered sistered	
agent. I a	am familiar with, and accept the obligations of, Sec	tion 607.0505, Florida	Statutes.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE	Man in Marc			4-28	78		
12.	Signature, typed or printed name of registered agent and title if applic		stered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	1/08)
TITLE	Daylort		1.1 TITLE	ADDITIONS/OF JANGES TO OF FIGURES A	☐ Change	Addition	1
NAME	Cynde Margritz 1450 Taurus Ct 1450 Taurus Ct		1.2 NAME		_ •	_	7
STREET ADDRESS	Cynae Toures Ct	i.	1.3 STREET ADDRESS				Š
	Merrit Island FL 32	953	1.4 CITY-ST-ZIP				1 2
CITY-ST-ZIP TITLE	UD STATE OF	☐ DELETE	2.1 TITLE		Change	Addition	"
NAME	mare Timm as		2.2 NAME		_ ,	_	l
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	Ment Island PL 3	3245-3	2. 4 CITY-ST-ZIP				l
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		1	3.4. CITY-ST-ZIP				l
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CITY-ST-ZIP			4.4 CITY-ST-ZIP				1
TITLE			5.1 TITLE		☐ Change	Addition	ii
NAME			5.2 NAME		- •	_	
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP			1	
TITLE			6.1 TITLE	<u> </u>	Change	Addition	
NAME			5.2 NAME			_	
STREET ADDRESS		l e	6.3 STREET ADDRESS				
			3.4 CITY-ST-ZIP			l	
CITY-ST-ZIP				······································			

14. I hereby certify that the information supplied with this filling 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: _