

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90061 026 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000051269**

1. Corporation Name

**JAPART CONSTRUCTION SERVICES, INC.**

Principal Place of Business

1461 NW 94TH AVENUE  
PEMBROKE PINES FL 33024

Mailing Address

1461 NW 94TH AVENUE  
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1998

4. FEI Number

65-0844881

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75-Additional Fee Required

6. Election Campaign Financing



\$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

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CROSS, ARTHUR B**  
**1461 NW 94TH AVENUE**  
**PEMBROKE PINES FL 33024**

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 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

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	Secretary-Treasurer/Director	<input type="checkbox"/> DELETE
NAME	Jasanth CROSS	
STREET ADDRESS	1461 NW 94th Avenue	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	President/Chairman	<input type="checkbox"/> DELETE
NAME	Arthur B. Cross	
STREET ADDRESS	1461 NW 94th Avenue	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Marcia B. Samuels	
STREET ADDRESS	7170 SW 8th Street	
CITY-ST-ZIP	Pembroke Pines, FL 33023	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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:

**ADVISORY REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

954-450-9487

Daytime Phone #

CR2E034 (11/98)