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**

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90019 011 ***150.00

i. Corporation	O CONSTRUCTION, INC.	060089							
Principal Place	e of Business	Mailing Address				- 1 1901/901 150 18:51 1011: 8011: 00115 0011:			
1206 W. BROAD STREET 1206 W. BROAD STREET GROVELAND FL 34736 GROVELAND FL 34736						DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed			
						07/08/1998			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number 59 - 35 237 20	_ ·	oplied For	
21		26 514 NE 13	>1					ot Applicable Additional	
Suite, Apt. #, etc Suite, Apt. #, etc 22						5. Certificate of Status Desired	7	equired	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
23	=0 ' ' <u> </u>	iFL			Trust Fund Contribution Added to Fees				
Zip	Zip Country Zip 322.11			ŠA_		8. This corporation owes the current year Intangible Personal Property Tax.			
	9. Name and Address of Current	Registered Agent	81	T 11		10. Name and Address of New Registered	Agent		
FERRANTE, PAMELA					, which is a second of the sec				
514 NE 13TH STREET			82		Addre	Address (P.O. Box Number is Not Acceptable)			
FUR	T LAUDERDALE FL 33304		83	'					
			84	City		FL	85 Zip	Code	
office or n agent. I as SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent	in Horida. Such change was authors of, Section 607.0505, Florida and title if applicable. (NOTE: Re	orized by a Statutes gistered Age	the corpo	oration	ration submits this statement for the purpose of source of directors. I hereby accept the appointment of directors of the purpose of the purp	munera as re	sgistered	
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO ☐ Change	Addition	
TITLE		☐ DELETE		1.1 TITLE 1.2 NAME		amela Ferrante	L. Criange		
NAME STREET ADDRESS	, ,		1.3 STREET ADDRESS		Po	imela restrict	,		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		5	14 NE 13 Street ++ Land, FL 33:	304 <u> </u>		
TITLE	☐ DELETE		2.1 Title		17	0 *	☐ Change	Addition	
NAME	9		2.2 NAME		n	any DiBrien Street			
STREET ADDRESS					. /	proveland == R-34=13b.			
CITY-ST-ZIP	DELETE		2.4 CITY-ST-ZIP * * * (ب ر	5/4 01(00 (0C) × 1.00 × 1.21(0.00)	☐ Change	· 🔲 Addition	
NAME	· •		3.2 NAME			·			
STREET ADDRESS			3.3 STREE	ET ADDRESS					
CITY-ST-ZIP		ş.'	3.4. CITY-				☐ Change	- Addition	
TITLE		☐ DELETE	4.1 TITLE				∐ Ç∩ange	☐ Addition	
NAME			4. 2 NAME	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-5						
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME					1	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		☐ DELETE	5.4 CiTY-8 6.1 TITLE				☐ Change	☐ Addition	
NAME			6.2 NAME				J-		
STREET ADDRESS				ET ADDRESS					
STREET ADDRESS			C A CITY	67 7ID	l				

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: