

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

041597

PROFIT CORPORATION ANNUAL REPORT 1999



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

93 FEB 22 PM 2:10

DOCUMENT # P98000072743

1. Corporation Name
MIROMAR CONSTRUCTION, INC.



Principal Place of Business
**12800 UNIVERSITY DRIVE #600
 FORT MYERS FL 33907**

Mailing Address
**12800 UNIVERSITY DRIVE #600
 FORT MYERS FL 33907**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/19/1998
4. FEI Number
65-0859634 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
10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25 29 30 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**CICCARONE, MICHAEL J
 12800 UNIVERSITY DRIVE #600
 FORT MYERS FL 33907**

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 fee, if applicable

(NOTE: Registered Agent Signature is not applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	[] DELETE
PD	MILLER, MARGARET J	237 HYMUS BLVD. POINTE CLAIRE	QUEBEC CANADA H9R5C7	[] DELETE
VD	CHAMI, H G	24810 BURNT PINE DRIVE #4	BONITA BAY FL 34134	[] DELETE
S	CICCARONE MICHAEL J	12800 UNIVERSITY DRIVE #600	FORT MYERS FL 33907	<input checked="" type="checkbox"/> DELETE
				[] DELETE
				[] DELETE
				[] DELETE

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP

VSD
 Chami, H.G.
 24810 Burnt Pine Dr. #4
 Bonita Springs, FL 34134

80000072788968-4
 -02/26/99-0198-019
 ****150.00 ****150.00

DB
 2-23-99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Miller 2/18/99
 Margaret Miller

CR2E034 (1/198)