PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90002 033 ***150.00

D(CL	JM	ENT	#	P98	0	0	0	30	39	0	8	6

1. Corporation Name

4E CONSTRUCTION, INC.

Principal	Place	of	Business
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Mailing Address

7400 WEST OAKLAND PARK BLVD.

7400 WEST OAKLAND PARK BLVD. LAUDERHILL FL 33319

DAUDERNILL FL	33319	ENDERHUILE LE 29219				DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qualifed						
						10/19/1998						
2. Principal Pla	ace of Business	2a.	. Mailing Address			4. FEI Number		Арр	lied For			
21			26			 1535 -	ľ	Not	Applicable			
Suite, Apt. #	f, etc.	1	Suite, Apt. #, etc.			5 Contitonts of Status Danier d	, \$8	.75 A	ditional			
22		27				5. Certificate of Status Desired Fee Required						
City & State			City & State			6. Election Campaign Financing	\$	5.00 A	May Be			
23		28				Trust Fund Contribution	A	dded to	Fees			
Zip	Country		Zip	Countr	/	8. This corporation owes the current			_			
24	25	29	30	<u> </u>		Personal Property Tax.						
	9. Name and Address of Current	Regis	stered Agent			10. Name and Address of New Regi	stered Agent					
-,	AAIT - DELIDEAL			8	Name	•						
	ANT, REUBEN		-	- 8	Stree	Address (P.O. Box Number is Not Acceptable)						
	WEST OAKLAND PARK BLVD.		•				· ,					
LAUD	ERHILL FL 33319			83								
	•			84	City		85	Zip C	ode			
						corporation submits this statement for the purporation's pard of directors. I hereby accept the		·				
SIGNATURE	n familiar with, and accept the obligation Reuben Elefant, Signature, typed or printed name of registered agent a	VP	M	,	6	4-1	5-99 DATE					
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIR	ECTOR	RS IN 12			
TITLE			☐ DELETE	1.1 TITLE		President	□c	ange	Additio			
NAME	•			1.2 NAME		Elyezer Hus						
STREET ADDRESS				1.3 STRE	T ADDRESS	7400 West Oakland P	ark Bl	vd.				
C/TY-ST-ZIP				1.4 CITY-	ST-ZIP	Lauderhill, FL 3331	9					
TITLE			☐ DELETE	2.1 TITLE		Vice President	□ c	nange	X Additio			
NAME				2.2 NAME		Reuben Elefant						
STREET ADDRESS				2.3 STREI	TADDRESS	7400 West Oakland P	ark Bl	vd.				
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP	Lauderhill, FL 333						
TITLE			☐ DELETE	3.1 TITLE			CI	ange	☐ Addition			
NAME				3.2 NAME								
_STREET ADDRESS		-		3.3 STREE	T ADDRESS							
CITY-ST-ZIP				3.4. CITY-	ST-ZIP_	<u></u>						
TITLE			☐ DELETE	4.1 TITLE			CI	ange	Addition Addition			
NAME	-			4.2 NAME		1						
STREET ADDRESS				4.3 STREI	TADDRESS							
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			4.4 CITY-	ST-ZIP							
TITLE	-		☐ DELETE	5.1 TITLE		}		nange	☐ Additio			
NAME .				5.2 NAME								
STREET ADDRESS			i	FACTOR	T 4000CCC							
				0.3 STREE	TADDRESS	'						
CITY-ST-ZIP				5.4 CITY-								

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(2)(f), 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

(954)749-0595