PROFIT
CORPORATION
ANNUAL REPORT
1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90011 010 ***150.00

1	<u> </u>	<u> </u>				
DOCUMENT # P98000098869 t. Corporation Name BUILD IT, INC.					L HERVINDO ALD LICITI IONA BERN BENN DONI DONO HARRI GRIEF FRINC FRANC	. 2.1.1.1.2.1.1
Principal Place of Business Mailing Address 5131 S.W. 87TH AVE. 5131 S.W. 87TH AVE. COOPER CITY FL 33328 COOPER CITY FL 33328						1911 HOU
COOPER CITY	FL 33320	000/211 0111 72 00020			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 11/20/1998	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied Applied Not Apr	
25				65-08 19 142 Not Apr - \$8.75 Addition		
Suite, Apt. #, etc. Suite, Apt. #, etc. 22		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Require	
I City & State I City & State					6. Election Campaign Financing \$5.00 May	
23	28			Trust Fund Contribution Added to Fees		03
Zip Country Zip			Coun	try	8. This corporation owes the current year Intangible Personal Property Tax.	, l
24	25		30		Personal Property Tax. Yes UN 10. Name and Address of New Registered Agent	
	9. Name and Address of Curre	nt Kegistered Agent		1 Name	10. 110110 0100	
SHUMWAY, ANDREW C					dury (D.O. C. A) have in blat Assessables	
5131 S.W. 87TH AVE.			[*	B2 Street Add	dress (P.O. Box Number is Not Acceptable)	
COOPER CITY FL 33328				B3		
			1	84 City	FL 85 Zip Code	
	A 10 A 10705	00 - 1 COT 1509 Florido Chetidos	- the ab	own named cor	recognition submits this statement for the purpose of changing its regis	tered
11, Pursuant office or r	to the provisions of Sections 607.051 egistered agent, or body in the State	of Florida, Such change was au	thorized	by the corporat	rporation submits this statement for the purpose of changing its registion's board of directors. I hereby accept the appointment as register	ed
agent. I a	m familiar with, and a cept the obliga	ations of, Section 607.0505, Florid	da Statut	es.	4/29/99	1
SIGNATURE	Signeture, typed or plifitted name of regularing ap-	P. P. B. (1) S.Y.Z.	Registered A	gent signature requi	red when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	
TITLE	PRESIDENT	☐ DELETE	1,1 TTR.	E	☐ Change ☐	Addition
NAME	AHDREVI CARL SH 5131 SW B7TH AVE	UPA WAY	1.2 NAS	- 1		100
STREET ADDRESS	5131 SW 87 " AVE	3337 D		EET ADORESS		
CITY-ST-ZIP	COOPER CITY IFL	27726	2.1 TIT	r-ST-ZIP	☐ Change ☐	Addition
TITLE	VICE PRESIDENT	_	22 NAX	1		
NAME	ANDREW SHUMY	444	1	EET ADORESS		j
STREET ADDRESS				Y-ST-ZIP		
TITLE	TREASURER	☐ DELETE	3.1 TITL		☐ Change ☐	Addition
NAME (ANDREW SHUME	V.4Y	32 NAV	NE		\
-STREET ADDRESS	ANDREW		3.3 STR	EET ADDRESS	مر بیش د میباشدس د	
CITY-ST-ZIP				Y-ST-ZIP		Addition
TITLE	SECRETARY	☐ DELETE	4.1 TITL	E	☐ Change	1 ~~~~
NAME	ANDREW SHUMW	44	4.2 NA			i
STREET ADDRESS		,		EET ADDRESS		Í
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	5.1 TT/L	E E	☐ Change	Addition
NAME			5.2 NAM	· I	_ , _	Ι΄
STREET ADDRESS				EET ADDRESS		\
CITY-ST-ZIP			5.4 CITY	1-ST-ZIP		
TITLE		☐ DELETE	6.1 TITL	E	☐ Change	Addition
NAME			62 NAM			
STREET ADDRESS		•		EET ACORESS]
CITY-ST-ZIP	[6.4 Cm	/-S1-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 foceiver 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 changes, or on any attachment with an address, with all other like empowered.

SIGNATURE:

PRESIDENT

4/29/79 (954) 523-4450