**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000106482

QUICK C	ONCRETE PUMPING CORP.						
Principal Place	of Business	Mailing Address			- E fåd irmel tin jala; ib its natet enett meter 14814	<b>10</b> 11 <b>0 0</b> 1111 01231 11	1118 1191 1881
5868 WEST 25TH COURT 5868 WEST 25TH COURT HALEAH FL 33016 HIALEAH FL 33016					DO NOT WRITE IN THI	S SPACE	
ļ					3. Date Incorporated or Qualifed		
ļ					12/23/1998		<del></del>
Principal Place of Business     2a. Mailing Address					4. FEI Number	L— <del>I</del> —	plied For
21 26 26			•		65-0884503-		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
27						\$5.00	<del></del> -
City & State					6." Election Campaign Financing Trust Fund Contribution	Debta A	
Zip	Zip Country Zip		Country		8. This corporation owes the current year Intangible		
24	25 29 3		٦		Personal Property Tax.	Tes	□Nc
<del> 24</del>	9. Name and Address of Current		81		10. Name and Address of New Registere	d Agent:	
				Name			
ORTEGA, OMAR S 5868 WEST 25TH COURT HIALEAH FL 33016			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
				Ĺ			
			83				
			84	City	F	85 Zip (	Code
[					are tien submits this statement for the purpose	<u> </u>	registered
office or n agent. I a	Luc Allial Ban	, -			oration submits this statement for the purpose on a board of directors. I hereby accept the app	ointment as re 73-99	gistered
`	Signature, typed or printed name of registered agent			d margine vednice	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	OFFICERS AN	D DELETE	13.	<del></del>	ADDITIONS/FIANGES TO CO. TOCKET	☐ Change	Addition
TITLE	President/Treasurer		1.2 NAME				•
NAME	Optega, Omar S						
STREET ADDRESS	· 5868 W 25 CT-1	Hialeah F13301	€, cπy-s			·	
TITLE	Vice Progidon	t / Coanou DELETE.	2.1 TITLE	-		Change	Addlib on
NAME	Ortega, Darel	O corecadi <i>l</i>	22 NAME		-		
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CITY-ST-ZII'	Hialeah Fl 33016		2.4 CITY-5	ST+ZIP			
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NAME	İ	· · · · · · · · · · · · · · · · · · ·		TADORESS	•		
STREET ADDRESS	1		5.4 CITY-S	- 1			
CITY-51-23°		OELETE	6.1 TITLE	<del></del>		Change	Addition

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 ennual 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 without an address with all other like empowered.

2 NAME

3.3 STREET ADDRESS

NAME

STREET ADDRESS

APR 0 9 1999

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90083 013 \*\*\*150.00