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

DOCUMENT # \$9900000110

1. Corporation Name

ADVANCED CONCRETE TECHNOLOGY, INC.

FILED

May 17, 1999 8:00 am

Secretary of State

ORPORATIONS

FILED

May 17, 1999 8:00 am

Secretary of State

05-17-1999 90086 028 ***150.00

2. Principal Place of Business	Principal Place	e of Business	Mailing Address				
3. Date incorporation of Qualified 12 - 31 - 9 8 2. Principal Place of Business 2a. Mailing Address; S. Cartiforate of Statute Desired Not Applicable							
3. Date incorporation of Qualified 12 - 31 - 9 8 2. Principal Place of Business 2a. Mailing Address; S. Cartiforate of Statute Desired Not Applicable	1				DO NOT WRITE IN	THIS SPACE	
12 - 31 - 98	į						
Sulfix, Apt. 9, and.							
Sulfis, Apr. #, etc.	2. Principal Pl	lace of Business	2a, Mailing Address			X Applied For	
Suite, Apt. 8, etc. 27 27 City & State 27 City & State 28 Country 29 20 Country 20 Country 20 Country 20 Country 30 Country 8. This corporation owes the current year interrigible personal Property Tax. 8. This corporation owes the current year interrigible personal Property Tax. 8. Name and Address of Current Registered Agent 81 Name 82 Street Address of Current Registered Agent 81 Name 82 Street Address of New Registered Agent 82 Street Address of Current New Interrigible personal Property Tax. 83 20 C P PALM VIEW DR 84 Street Address of New Registered Agent 85 11. Pursuant to the provisions of Sections 607 0502 and 607, 1508, Floridal Statutes, the above-named composition submits this statement for the purpose of changing its registered agent agent a statement of the purpose of changing its registered agent agent and statement of the purpose of changing its registered agent agent and statement of the purpose of changing its registered agent agent and statement of the purpose of changing its registered agent agent agent agent agent and statement of the purpose of changing its registered agent agen	21 206	7 PALM VIFIN DR	/ ^ ^ .	n€)			
S. Certificate of Status Desired For Required		#, etc.		-			
City & State 23 APO Country 28 Country 29 Country 210 Country 8. State Country 29 State Cou	<u> </u>		27		5. Certifcate of Status Desired	*	
Addition Fees Part Par	City & State	9	ļ		6 Flection Campaign Financing	\$5.00 May Bo	
32 77 2 25	23 A PO	pka FL	28		1 1		
32 77 2 25	Zíp	Country		Country	8. This corporation owes the current ve	ar Intangible	
19. Name and Address of Current Registered Agent 19. Name and Address of New Registered Agent 19. Name and Addres			29 3	o l			
Size Address (P.O. Box Number is Not Acceptable)			· · · · · · · · · · · · · · · · · · ·		10. Name and Address of New Regist	ered Agent	
Size				81 Nar	me Paradic Care A		
Size				00 0	BENNY VIERA		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purposes of changing its 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, 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 oligosians of, Section 6070059, Floriday stayture required when reneating) 12.				82 Stre	eet Address (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statute, above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Stutch change was authorized by the corporation's board of directors. I hereby accept the objective agent and size of Florida. Stutch change was authorized by the corporation's board of directors. I hereby accept the objective agent and size of Florida. Stutch change was authorized by the corporation's board of directors. I hereby accept the objective agent and size of Florida. Statute. 1				83 -	ZOLE RALMA WEW DR		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505. Florids-Statules. SIGNATURE Section 607 0505. Florids-Statules. Section 607 0505. Florids-Statules. Section 607 0505. Florids-Statules. Y - 26 - 99							
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505. Florids-Statules. SIGNATURE Section 607 0505. Florids-Statules. Section 607 0505. Florids-Statules. Section 607 0505. Florids-Statules. Y - 26 - 99				84 City	APORKA	E! 85 Zip Code	
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, 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, or both, in the State of Florida. Such change is provided many of registered agent, or both, in the State of Florida. Such change is provided many of registered agent, or both, in the State of Florida. Such change is provided many of registered agent, or both, in the State of Florida. Such change is provided many of registered agent, or both, in the State of Florida. Such change is provided many of registered agent, or both, in the State of Florida. Such change is provided many of registered agent, or both in the State of Florida. Such change is provided many of registered agent, or both in the State of Florida. Such change is provided many of registered agent, or both in the such as a such agent	11 Pureuant	to the provisions of Sections 607 0502	and 607 1508 Elorida Statutes	the above nam			
SIGNATURE	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						
12.	1/10 1/110						
12.	SIGNATURE	BENNY VIERA	XXX	, me	<i>-</i> 4-	26-49	
TITLE				1 40	ADDITIONS (CLANGES TO CENTER)	IC AND DIDECTORS IN 42	
NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP NAME 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP* 3.4 CITY-ST-ZIP TITLE 1.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 1.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 6.1 TITLE NAME 6.1 TITLE STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP Change STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP Change		OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	Change [7] Addition	
NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP NAME 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP* 3.4 CITY-ST-ZIP TITLE 1.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 1.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 6.1 TITLE NAME 6.1 TITLE STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP Change STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP Change			P DELETE	LITHILE IF Y S	BENNY VIERA	(A) Change [] Addition	
NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP NAME 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP* 3.4 CITY-ST-ZIP TITLE 1.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 1.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 6.1 TITLE NAME 6.1 TITLE STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP Change STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP Change				1.2 NAME	200 PALMUIEW DI	e.	
NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP NAME 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP* 3.4 CITY-ST-ZIP TITLE 1.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 1.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 6.1 TITLE NAME 6.1 TITLE STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP Change STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP Change	ľ			1.3 STREET ADDRE		7/7	
NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP NAME 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP* 3.4 CITY-ST-ZIP TITLE 1.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 1.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 6.1 TITLE NAME 6.1 TITLE STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP Change STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP Change			Ø DELETE	1.4 CITY-ST-ZIP	APOPKA, FL 32	Change Maddition	
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY. ST. ZIP TITLE			ί Σ pereie			Change Addition	
CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP* 3.4 CITY-ST-ZIP TITLE \$1 DELETE NAME 4.2 NAME STREET ADDRESS 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE \$1 TITLE NAME \$1 STREET ADDRESS CITY-ST-ZIP \$1 TITLE NAME \$2 NAME STREET ADDRESS \$3 STREET ADDRESS CITY-ST-ZIP \$4 CITY-ST-ZIP TITLE \$4 CITY-ST-ZIP TITLE \$4 CITY-ST-ZIP TITLE \$5 STREET ADDRESS CITY-ST-ZIP \$6 CITY-ST-ZIP	NAME			2.2 NAME			
TITLE STREET ADDRESS 3.1 TITLE ☐ change ☐ Addition STREET ADDRESS 3.3 STREET ADDRESS ☐ Change ☐ Addition CITY-ST-ZIP* 3.4 CITY-ST-ZIP ☐ Change ☐ Addition NAME 4.1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME ☐ Change ☐ Addition STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition NAME 5.2 NAME ☐ Change ☐ Addition NAME 5.3 STREET ADDRESS ☐ Change ☐ Addition CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Change ☐ Addition NAME 6.1 TITLE ☐ Change ☐ Addition NAME 6.1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME ☐ Change ☐ Addition STREET ADDRESS ☐ Change ☐ Addition STREET ADDRESS ☐ Change ☐ Change ☐ Change STREET ADDRESS ☐ Change ☐ Change<	STREET ADDRESS			2.3 STREET ADDRE	ESS		
NAME 32 NAME 33 STREET ADDRESS	CITY-ST-ZIP			2.4 CITY-ST-ZIP			
3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.5 STREET ADDRESS	TITLE		≯ DELETE	3.1 TITLE		Change Addition	
CITY_ST-ZIP	NAME			3.2 NAME			
TITLE ▼ DELETE 4 1 TITLE □ Change □ Addition NAME 4.2 NAME 4.3 STREET ADDRESS □ Change □ Addition CITY-ST-ZIP 4.4 CITY-ST-ZIP □ Change □ Addition NAME 5.2 NAME □ Change □ Addition STREET ADDRESS 5.3 STREET ADDRESS □ Change □ Addition CITY-ST-ZIP 5.4 CITY-ST-ZIP □ Change □ Addition NAME 6.2 NAME □ Change □ Addition STREET ADDRESS □ Change □ Addition CITY-ST-ZIP □ Change □ Addition NAME □ Change □ Addition STREET ADDRESS □ Change □ Addition CITY-ST-ZIP □ Change □ Addition	STREET ADDRESS		•	3.3 STREET ADDRE	iss .		
NAME	CITY-ST-ZIP			3.4. CITY-ST-ZIP			
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP CHANGE Change Addition NAME 6.1 TITLE Change Addition NAME 6.2 NAME CTY-ST-ZIP CTY-ST-ZIP CTY-ST-ZIP CTY-ST-ZIP	TITLE		⊠ DELETE	41 TITLE		Change Addition	
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE S.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS STREET ADDRESS 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition NAME 6.2 NAME STREET ADDRESS STREET ADDRESS <td>NAME</td> <td></td> <td></td> <td>4. 2 NAME</td> <td></td> <td></td>	NAME			4. 2 NAME			
TITLE NAME 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS	STREET ADDRESS			4.3 STREET ADDRE	ESS (
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☑ DELETE 6.1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			4,4 CITY-ST-ZIP			
5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP	TITLE		⊠ DELETE	5.1 TITLE		Change Addition	
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE STEET ADDRESS STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME			5.2 NAME			
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE \$1 TITLE \$1 TITLE \$1 TITLE \$1 Change \$1 Addition NAME \$1 STREET ADDRESS \$3 STREET ADDRESS \$1 STREET ADDRESS	STREET ADDRESS			5.3 STREET ADDRE	ess		
### TITLE				5.4 CITY-ST-ZIP			
NAME 6.2 NAME STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP			☑ DELETE			Change Addition	
STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	1		* ***	6.2 NAME			
CITY-ST-ZIP 6.4 CITY-ST-ZIP					ss		
UIT-VI-LI				ď		1	
		ertify that the information supplied with t	this filing does not qualify for th		ited in Section 119.07(3)(i) Florida Statutes I furthe	r certify that the information	

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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

(407) 880-1384

Daytime Phone #

CR2E034 (11/98