FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90046 025 ***150.00

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 # 1. Corporation Name

JUHNSU	IN CONSTRUCTION MANAGI	EIVIEINT, INC.			
Principal Place	of Business	Mailing Address		# ####################################	Ali Minti Rinte dinili dinili dinili dinili
20725 NE 18TH AVE. GIO PEMBLOKE RD PO BOX 60 3864 N/A S			jame		
N. MIAMI BCH. FL 59179 MIRAMAR, FL 73023				DO NOT WRITE IN T	HIS SPACE
US				Date Incorporated or Qualifed	
				03/01/1991	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
<u> </u>			CE DOMESEO	Not Applicable	
[- 1]		26	···	65-0245552	\$8.75 Additional
				5. Certifcate of Status Desired	Fee Required
		27			<u>-</u>
- Oily to Outless 2.		##"	6. Election Campaign Financing	**************************************	
2328			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 3	o	Personal Property Tax.	
	9. Name and Address of Current	11.		10. Name and Address of New Register	red Agent
81 Name					
TOTAL CONTRACTOR OF TO					
JOHNSON, HAYWARD S., JR.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	\
20725 NE 16TH AVE 6110 PEMBROKE KD					
-BAY A 13. N. MIAMI BCH. FL 33179 MIRAMAR, FL 33023			83		
N. MIAMI BCH. FL 33179			04 07	No. of the control of	85 Zip Code
			84 City	i i	
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 a		egistered Agent signature require		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD .	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition }
NAME	JOHNSON, HAYWARD S., JR.		1.2 NAME		
STREET ADDRESS	SOTOS NE SOTH AVE - RAY 4:19	, iono rembroke RD	1.3 STREET ADDRESS		į
CITY-ST-ZIP	AL AMAM DOLL EL MIRA	MAR, FL 33023	1.4 CITY-ST-ZIP		
		DELETE	2.1 TITLE		☐ Change ☐ Addition
TITLE	SD		1		
NAME	RUBLE, LANCE		2.2 NAME		
STREET ADDRESS	6110 PEMBROKE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL.		2, 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	المرابعين والمرابع المرابع المرابع المحالية	☐ Change ☐ Addition
NAME	p commercial and the second of		3.2 NAME		
			3.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		Ci ouendo Ci videinoir
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		i
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
ļ			5.2 NAME.		
NAME			1		
STREET ADDRESS			5.3 STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>	
TITLE		□ DELETE	6.1 TITLE		☐ Change ☐ Addition

CITY-ST-ZIP 14. 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 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