PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90047 012 ***150.00

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1999 DOCUMENT # **S66251**

SIEMENS GROUP CONSTRUCTION CORP.

	# # <u></u> -	to tage me	, ,_		•				
Principal Place of Business Mailing Address						-)(\$? B B B (B	#11 #1#11 #1#41 #)
4800 NORTH FEDERAL HIGHWAY 4800 NORTH FEDERAL HIGH									
SUITE 202-E SUITE 202-E BOCA RATON FL 33431 BOCA RATON FL 33431 US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
00						07/16/1991			
2 Principal P	lace of Rusiness	2a. Mailing Address				4. FEI Number		Ap	plied For
						65-0348526		h	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75	
22 27						5. Certifcate of Status Desired		Fee Re	quired
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	U	Added t	o Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curr	rent year Inta		
24	25		30			Personal Property Tax.			□No
	9. Name and Address of Cur	rent Registered Agent			r	10. Name and Address of New F	Registered /	Agent	
OUTS.	ATMO DICHADO			81	Name				
SIEMENS, RICHARD 4800 N. FEDERAL HIGHWAY				82	Street Addre	ss (P.O. Box Number is Not Accepta	able)		
SUITE 202-E				-		· · · · · · · · · · · · · · · · · · ·	•···		
BOCA RATON FL 33431				83					
BOOK RATOR LE 30431				84	City		FL	85 Zip (Code
						ration submits this statement for the i's board of directors. I hereby acce	<u> </u>		
SIGNATURE	Signature, typed or printed name of registered				it signature required	<u> </u>	DATE		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D	☐ DELETE	1.1 TN	ΠE		·		Change	☐ Addition
NAME	SIEMENS, RICHARD		1.2 NA	ME		·			
STREET ADDRESS 4800 N. FEDERAL HWY, SUITE 202-E			1.3 ST	1,3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		1.4 CI		T-ZIP				- Addison
TITLE		☐ DELETE	2.1 TI					Change	☐ Addition
NAME			2.2 NA						
STREET ADDRESS					ADORESS	•			
CITY-ST-ZIP		☐ DELETE	2.4 C		IT-ZIP			Change	Addition
TITLE			3.2 NA		-			٠	
NAME STREET ADDRESS			1		TADDRESS				
CITY-ST-ZIP			3.4. C						
TITLE		☐ DELETE	4.1 TF					☐ Change	☐ Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET	r address	•			
CITY-ST-ZIP			4.4 CI	TY-\$	T-ZiP				
TITLE		☐ DELETE	5.1 TF			· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
NAME			5.2 NA						
STREET ADDRESS					FADDRESS				
CITY-ST-ZIP			5 4 Cf	TY-S	T-ZIP				

this fifting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 liver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in chiracteristic with all other like empowered. 14. I hereby certify that the information supplied indicated on this annual report of supplied officer or director of the cor Block 12 or Block 13 if cha

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

Addition