## 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

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90176 046 \*\*\*150.00

## DOCUMENT # S76907 1. Corporation Name

CHARLIE STRONG CONCRETE SERVICE, INC.

Principal Place of Business Mailing Address						- I (BAIKA)B IIX IDAKE AIKID IA	ël urëll (Bbl Gibl	IA BIDII OIBIE DIDEI D	(#I((    I)  +     I
1510 NW 3RD AVE POMPANO BEACH. FL 33060 33060-5425			1510 NW 3RD AVE POMPANO BEACH. FL 33060 33060-5425			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qual	fed		
						08/29/1991			_,
2. Principal Pla	ace of Business	2a. Mailing	Address			4. FEI Number		<del>-   `</del>	plied For
21		26				65-0291071		·····	t Applicable
Suite, Apt. #, etc.		— — ·	Suite, Apt. #, etc.			5. Certifcate of Status Desire	d $\square$	<b>\$8.75</b> A	
City & State		. 27 City & 9	City & State			6. Election Campaign Finance	<u>= = = = = = = = = = = = = = = = = = = </u>	\$5.00	
23		— ·	28			Trust Fund Contribution	g 🗆	Added to	
Zip Country		Zip				This corporation owes the current year Intangible			
25		29	29 30			Personal Property Tax. Yes No			
	9. Name and Address of Cur	rrent Registered Aç	gent		<u></u>	10. Name and Address of N	w Registere	ed Agent	
MAADI	V EDEEMON A			*	Name CHA	RUE STRONG			
MARK, FREEMON A 203 NE 17TH COURT				8		ress (P.O. Box Number is Not Acc	eptable)		
	PANO BEACH FL 33060				3 / 6	S TVW 31 AVE	-		
1 0,11,1	:				POHPI	AND BEACH			
				8	City	•	F	85 2 <sup>Zip</sup> (	
11. Pursuant t	to the provisions of Sections 607 egistered agent, or both, in the St	9502 and 607.1508,	Florida Statutes	, the abo	ove-named corp	poration submits this statement for			registered
office or re	egistered agent, or both, in the bu	ate of Florida. Such	change was auti	horized t	by the corporation	on's board of directors. I hereby a	ccept the app	pointment as reg	gistered
agent 1 ar	m familiar with and Accept the de-	rounons of Section	607.0505. FIORIO	ia Statute	es.		. /		
agent. 1 ar	m familiar with, and accept the	grains of, Section	607.0505, FIORO	ia Statute	es.	4	1/201	99	
agent. 1 ar	Signature, typed or printed name of registered	aganions of, Section	1_	egistered A	es. gent signature require	ad when reinstating)	(/2 o /	99	DC IN 12
agent. 1 ar SIGNATURE/	Signature, typed or printed name of registered OFFICERS	guidns of, Section	(NOTE: R	egistered A	gent signature require	4			
SIGNATURE/	Signature, typed or printed name of registered  OFFICERS	aganions of, Section	1_	egistered A	gent signature require	ad when reinstating)		AND DIRECTO	RS IN 12
SIGNATURE/ 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS D STRONG, CHARLIE	aganions of, Section	(NOTE: R	egistered Ar  13.  1,1 TITLE  1.2 NAM	gent signature require	ad when reinstating)			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or pnoted name of registered OFFICERS D STRONG, CHARLIE 1510 NW 3RD AVE	aganions of, Section	(NOTE: R	egistered Ap  13.  1.1 TITLE  1.2 NAM  1.3 STRE	gent signature require E E EET ADDRESS	ad when reinstating)			
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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 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.

**SIGNATURE:** 

Daytime Phone #