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

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90156 028 ***150.00

i. Corporation	MENT # S78703 CONSTRUCTION INC.	}			
Principal Place of Business Mailing Address					MININ WINTH DININ WINTE WHILL TOOL
RT 3. BOX 598		RT 3. BOX 5982			
HAVANA FL 32333 HAVANA FL 32333				DO NOT WOLF IN THE	0.004.00
				DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualifed 09/06/1991	
2 Oringinal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Philopar F	lace of business	26		59-3091308	Not Applicable
(7/1		Suite, Apt. #, etc.			\$8.75 Additional
22		27	- - <u></u>	5. Certificate of Status Desired	Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
3 28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	ntangible □Yes □No
24	9. Name and Address of Currer		30	Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registeree	- Aguit
DIEKMAN, JEFFREY F TALL TIMBERS ROAD HAVANA FL 32333			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
			84 City		85 Zip Code
				rporation submits this statement for the purpose of	
SIGNATURE	m familiar with, and accept the obligation of th		Registered Ägent signature requ	ired when reinstating} DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P OFFICERS AF	DELETE	1.1 TITLE	ADDITIONO/OFFICE TO CIT IDENTITY	☐ Change ☐ Addition
NAME	DIEKMAN, JEFFREY		1.2 NAME		
STREET ADDRESS	RT 3 BOX 5982		1.3 STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE	VICE PRESIDENT	Change Addition
NAME	DIEKMAN, SUSAN		2.2 NAME		
STREET ADDRESS	RT 3 BOX 5982		2.3 STREET ADDRESS		·
CITY-ST-ZIP	HAVANA FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	SECRETARY	☐ Change ☐ Addition
NAME			3.2 NAME	DIEKMAN, SHIRLEY R+ 4 BOX 410	
STREET ADDRESS			3.3 STREET ADDRESS	RY 4 BOX 410	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Havana, FL 32333	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE			5.2 NAME		
NAME STORET ADDRESS			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	***************************************	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
UTRUE AUDICESS	1		6.4 CITY-ST-ZIP		

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.