## 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 # V03927

Suite, Apt. #, etc.

**SIGNATURE** 

City & State

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Zip

MACDONALD CONSTRUCTION COMPANY OF PALM BEACH.

Country

MACDONALD, SCOTT W

9603 LAKE SERENA DR **BOCA RATON FL 33496** 

9. Name and Address of Current Registered Agent

Principal Place of Business		Mailing Address	
9603 LAKE SERENA DRIVE BOCA RATON FL 33496	,	9603 LAKE SERENA DRIVE BOCA RATON FL 33496	
2. Principal Place of Business		2a. Mailing Address	

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Suite, Apt. #, etc.

City & State

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DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/31/1991

4. FEI Number

Applied For 65-0309484 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required \$5.00 May Be

□No

Mar 17, 1999 8:00 am

Secretary of State

03-17-1999 90126 030 \*\*\*150.00

6. Election Campaign Financing П Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible

Personal Property Tax. 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)

83 85 Zip Code

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.

Country

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature n	DATE DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
TITLE	PO DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	MACDONALD, SCOTT W	1.2 NAME		
STREET ADORESS	9603 LAKE SERENA DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496	1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	- DELETE	3.1 TITLE	☐ Change	Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	□ DELETE	4.1 TITLE	. □ Change	Addition
NAME	*	4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE	☐ Change	Addition
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		6.4 CITY-ST-ZIP		

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 supplied ental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered