Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90035 034 ***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 # V07317

1. Corporation Name

CREATIVE MASONRY, INC.

		,								
Principal Place	of Business	Mailing Address					A food it distant notice (Babe distant lies) chan arene a			
10330 SW 157TH TERRACE 10330 SW 157TH TERRACE										
MIAMI FL 33157 - 1 MIAMI FL 33157							DO NOT WRITE IN THIS SPACE			
:								SPACE	 1	
							3. Date Incorporated or Qualifed		ĺ	
							01/17/1992			
─ ·	ace of Business	2a. Mailing Address				4. FEI Number	Applied For Not Applicable			
21		26					65-0306830			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	——————————————————————————————————————				5. Certifcate of Status Desired		Additional equired	
22		27				_			- , 	
City & State	e · · ·	City & State				•	6. Election Campaign Financing		May Be to Fees	
23		28					Trust Fund Contribution		to Fees	
Zip	Country	Zip	ຸ Cou	intry			8. This corporation owes the current year Int	tangible Yes	□No	
24	25	29 3	0	,		_	Personal Property Tax.		LINO	
	9. Name and Address of Current	t Registered Agent		-	51 .		10. Name and Address of New Registered	Agent		
DDIC.	NE MAY D			81	Name					
PRICE, MAX R				82 Street Address (P.O. Box Number is Not Acceptable)						
6701 SUNSET DR									{	
STE	· •	and the second of the second		83]	
MIAN	VII FL: 33143	•		84	City			85 Zip	Code	
				04	City		FL.		, , ,	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligated from the state of the state	of Florida, Such change was autions of, Section 607,0505, Florid	norized a Stati	o by utes	tne corpo	oration	ration submits this statement for the purpose of i's board of directors. I hereby accept the appointment of the purpose of when reinstating)	ntment as re	egistered ;	
	OFFICERS ANI		13.	Ayen	n arginature in	oquireo :	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	ORS IN 12	
12.	PDT OFFICERS AIN	DELETE	1,1 T	T) F			700711011070111111020110-071100110-11	Change	Addition	
TITLE		· ·	L		ļ	ı		_ ,		
NAME	HAMEL, DAVID WESLEY		1.2 N						1	
STREET ADDRESS	10330 S W 157TH TERRACE		ľ		ADDRESS		•		ļ	
CITY-ST-ZIP				TY-S	Γ-ZIP			Change	Addition	
TITLE	V	DELETE	2.1 TF					☐ Criange		
NAME	VAMOS, DENNIS MICHAEL		2.2 NAME						1	
STREET ADDRESS	19801 CHRISTMAS ROAD		2.3 STREET		ADDRESS				}	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		T-ZIP					
TITLE		_ DELETE	,, 3.1 TITLE				و به ما المعالمية	Change	Addition	
NAME			3.2 NAME							
STREET ADDRESS			3.3 \$1	TREET	ADDRESS				ļ	
CITY-ST-ZIP			3.4. CITY-		T-ZIP					
TITLE		☐ DELETE	4.1 T/					☐ Change	Addition	
NAME			4. 2 N	AME	ļ					
STREET ADDRESS			4.3 ST	TREET	ADDRESS				ļ	
CITY-ST-ZIP			4.4 CI						}	
OH FOLTAIT	1									

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.

5.1 TTTLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

NAME

MLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DESCRIPTION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

Change

☐ Change

☐ Addition

☐ Addition