FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 V21118 (7) DOCUMENT # HURRICANE CONSTRUCTION CORP. Mailing Address Principal Place of Business 7902 NW 19 CT 7902 NW 19 CT MARGATE FL 33063 MARGATE FL 33063 3. Date Incorporated or Qualified 3a. Date of Last Report 03/12/1992 04/20/1995 4, FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0332178 26 5425 N.W. 24 IT 54V5 N.W. 2435 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite Apt #, etc 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Oity & State MARCATE FL. MARGATE Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Country Country 25 BROWALD Yes No 29 33 063 30 BROWARD Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MILANESE, RICHARD F., JR. Street Address (P.O. Box Number is Not Acceptable) 7902 NW 19 CT 83 MARGATE FL 33063 84 City 85 Zip Code FL 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed have of registered agent, and the discontable thicks. Furth decord Agen't agreeture required which redistating? CR2E034 (12/95) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1 1 TELE MILANESE, RICHARD F.,JR. 1.2 NAME 7902 NW 19 CT 1.3 STREET ADDRESS MARGATE FL 14 CITY - ST-ZIP Add tion DELETE Change 2 1 THILE 2.2 NAME 2.3 STREET ADDRESS

12. TITLE NAME STREET ADDRESS CITY - ST - 7IP NAME STREET ADDRESS 2 4 CHY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 3 1 T-TLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHI + - ST- ZIP CITY - ST - ZIP nc.tibbA DELETE Change 4 1 III. F TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 Cilly - ST - ZIP CITY - ST - ZIP DELETE ☐ Change Addition 5 1 111115 TOTLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 7:P CITY - ST - ZIP Addition DELETE Change 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST-ZIP CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 chapped, or on an attachment with an address.

SIGNATURE:

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