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

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90157 017 ***300.00

DOCUMENT # V40686

MIRAGE CONSTRUCTION, INC.

Principal Place of Business 3667 N/W 124TH AVE.

Mailing Address

3667 N/W 124TH AVE.

CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/03/1992 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business NOT APPLICABLE Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc.____ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country This corporation owes the current year Intangible Country Zip Zip No ☐ Yes 30 Personal Property Tax. 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KUHL, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 82 3667 NW 124TH AVE. **CORAL SPRINGS FL 33065** 83 Zip Code 84 85 City 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.

agent. I am ramiliar with, and accept the obligations of, Section 607,0003, Florida Statistics.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature re	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KUHL, WILLIAM	1.2 NAME	
STREET ADDRESS	2050 NW 105 LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	1.4 CITY-ST-ZIP	
TITLE	VP DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KUHL, JO ANN,	2.2 NAME	
STREET ADDRESS	2050 NW:105 LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	2.4 CITY-ST-ZIP	
TITLE	DELETE	3.† 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 ()	St. Commence of the state of th	6.2 NAME	
STREET ADDRESS	2. 2. Ale	6.3 STREET ADDRESS	
CITY-ST-ZIP	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.