Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90076 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

| 1. Corporation | MENT # V52386 BRICATORS & ERECTORS, | | | | | | | |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------|-----------------|-------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|----------|
| Principal Place | of Business | Mailing Address | | | 4 (OB)(Alyma: Mizim isano ziras ini | IN MILI MINII NIMIE BIOSI I | TIMIT DIBIT MENT IM | 111 |
| 970 OCOEE APOPKA RD 970 OCOEE APOPKA RD | | | | | | | | |
| APOPKA FL 32703 APOPKA FL 32703 | | | | | DO NOT WORK | T IN THE COACE | | |
| US | | US | | | | E IN THIS SPACE | | \neg |
| | | | | | 3. Date Incorporated or Qualifed | | | - |
| "2 Daireinet D | lace of Business | 2a. Mailing Address | | | 07/20/1992 4. FEI Number | 1 J=# u 1 | Applied For | \dashv |
| _ | lace of business | 26 | | | 59-3206560 | | Not Applicab | ole |
| Suite, Apt. | # etc. | Suite, Apt. #, etc. | _ | | | \$8.7 | 75 Additional | |
| 22 | ., 5.5. | 27 | | | 5. Certifcate of Status Desired | Fe | e Required | |
| City & State | 9 | City & State | | | 6. Election Campaign Financing | □ \$5. | .00 May Be | |
| 23 | | 28 | _ | | Trust Fund Contribution | Ad | ded to Fees | |
| Zip | Country | Zip | Country | | 8. This corporation owes the curre | | _ | |
| 24 | 25 | 29 30 | <u> </u> | | Personal Property Tax. | Yes | □No | |
| | 9. Name and Address of Currer | t Registered Agent | 81 | Nama | 10. Name and Address of New R | egistered Agent | | \dashv |
| COOPER, MICHAEL R. | | | | Name Street | Address (P.O. Box Number is Not Accepta | bie) | · · · · · · | _ |
| 452 SONGBIRD WAY APOPKA FL 32712 | | | | | | | | |
| AFO | FRA FL 32/12 | | 83 | | • | | • | |
| i | | | 84 | City | h. Har & Trans. | FL 85 | Zip Code | |
| office or n agent. I a | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida, Such change was auth | onzed by | tne coroc | corporation submits this statement for the paration's board of directors. I hereby accept | numose of changin | g its registered is registered | a |
| SIGNATURE | Signature, typed or printed name of registered age | nt and title if applicable. (NOTE: Re | gistered Ager | nt signature re | equired when reinstating) | DATE | | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | | | |
| TITLE | D DELETE 1.11 | | | | | ☐ Cha | ange 🔲 Addi | luon |
| NAME | OOO! Ett, tillot in EE 11. | | 1.2 NAME | | | | | |
| STREET ADDRESS | 452 SONGBIRD WAY | | 1.3 STREET ADORESS | | | | | ĺ |
| CITY-ST-ZIP | | | 1.4 CITY-5 | T-ŽIP | | [] Cha | ınge [T] Addi | ition |
| TITLE | | □ pereie | 2.1 TITLE | I | | L. One | inge | |
| NAME | | | 2.2 NAME | - | | | | |
| STREET ADDRESS | | | 2.3 STREET 2.4 CITY-5 | 1 | | | | ļ |
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| NAME | | <u> </u> | 3.2 NAME | | | _ | _ | |
| | | | 3.3 STREET | ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | - | | 3.4. CITY-S | | | | | |
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| NAME | | | 4. 2 NAME | | | | | ļ |
| STREET ADDRESS | | | 4.3 STREE | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-\$ | | | | | |
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| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | | | | |
| TITLE | •. | ☐ DELETE | 6.1 TITLE | | | ☐ Cha | ange 🔲 Addi | ition |
| NAME | · / | | 6.2 NAME | | | | | |
| STREET ADDRESS | l | <u> </u> | 6.3 STREE | ADDRESS | | | | |

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 regiver 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.

SIGNATURE:

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR