Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90097 037 ***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 # V63173

1. Corporation Name

OSMAN	CONSTRUCTION CORP.					
Principal Place	e of Business	Mailing Address				ITOTT DESITY DISELL DESITY STORY LOSS
1474-A W. 84TH	H ST	1474-A W. 84TH ST.				
HIALEAH FL 33014 HIALEAH FL 33014						
US US					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualifed	`]
					09/09/1992	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0354198	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State	_		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	<u></u>	8. This corporation owes the current year In	tangible
24	25	29	30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent
-			81	Name		
OSM	MAN, MICHAEL		82	Ctront A	ddress (P.O. Box Number is Not Acceptable)	
1474A W 84 ST			0.4	STERRITA	ddress (P.O. Box Number is Not Acceptable)	
SUITE 108			83	 		
HIAL	EAH FL 33014		L			
		•	84	City	FL	85 Zip Code
44 Durauant	to the provisions of Sections 607.05	502 and 607 1508 Florida Statut	es the abov	/e-named c	omoration submits this statement for the purpose of	changing its registered
office or r	registered agent, or both, in the State or familiar with, and accept the oblig	e of Florida. Such change was a	utnorized by	the corpor	ration's board of directors. I hereby accept the appo	intment as registered
SIGNATURE						
	Signature, typed or printed name of registered ag			ent signature rec	uired when reinstatung) DATE	- DIDECTORE IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	PD CONTRACTOR	☐ DELETE	1.1 TITLE			□ change □ Addison
NAME	OSMAN, CRAIG A		1.2 NAME	ļ		
STREET ADDRESS	1474-A W. 84TH ST.		1.3 STRE	T ADDRESS	•	
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-	ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		•	☐ Change ☐ Addition
NAME	OSMAN, L MICHAEL		2.2 NAME			
STREET ADDRESS	1474-A W. 84TH ST.		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-	ST-ZIP	<u> </u>	
TITLE	VD	☐ DELETE	3.1 TITLE		**·	☐ Change ☐ Addition
NAME	Turner, Thornton		32 NAME		•	
STREET ADDRESS	1474-A-W: 84TH-GT:					1
CITY-ST-ZIP	1111-1		3.3 STRE	T ADDRESS	2501 Spicebush LANE	•
	HIALEAR FC		3.3 STREI 3.4. CITY-		2501 Spicebush LANE Nagles, FL.	
TITLE	HIALEAH FL	C DELETE			Naples, FL.	☐ Change ☐ Addition
	MALEAN FL	C DELETE	3.4. CITY-	ST-ZIP	Naples, FL.	Change Addition
NAME		C DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME	ST-ZIP	Naples, FL.	☐ Change ☐ Addition
NAME STREET ADDRESS		C DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STRE	ST-ZIP	Naples, FL.	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME	ST-ZIP	Naples, FL.	☐ Change ☐ Addition Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREI 4.4 CITY-	ST-ZIP ET ADDRESS ST-ZIP	2501 Spicebush Lane Naples, FL	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP ET ADDRESS ST-ZIP	Naples, FL.	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREI	ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	2501 Spicebush Lane Naples, FL	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	Naples, FL.	

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 a attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPID OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16/99

305-823-1401

JAZEU34 (11/98