PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # V63600**

1. Corporation Name

FIRST GENERAL CONSTRUCTION, INC.

| | | | | | | | | | | 4(1 6 14(1 186) 4(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|--|---|--|--------------------------|---|-----------------------|---|--------------------------------------|----------------------------|-----------------------|--|
| Principal Place | e of Business | Mailing Address | | | | I 15813 Bilain aven | 11119 B1111 AB111 BA1 | | 16 E1011 E1 | ZII 01011 1021 |
| SUITE 1650 SUITE 1650 | | | | | | | | | | |
| 500 EAST BROWARD BLVD. FORT LAUDERDALE FL 33394 FORT LAUDERDALE FL 33394 FORT LAUDERDALE FL 33394 | | | | DO NO | | | NOT WRITE IN | THIS SPAC | Œ | |
| TOTAL CHOPCH | and it does | - | | | | 3. Date Incorporated of 09/14/1992 | Qualifed | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | • | | 4. FEI Number | | | App | olied For |
| | 1201 | 26 SUITE 1201 | | | | 65-0373413 | | Ì | Not | Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 5. Certifcate of Status I | Desired | | | dditional |
| 22 2455 E. SUNRISE BLVD. 27 2455 E. SUNRI | | | ISE BEAD. | | | J. Octobate of Clares . | | F | Fee Rec | quired |
| City & State | | City & State FT. LAUDERDALE, FL 33304 | | | 4 | 6. Election Campaign F | - 1 | | 5.00 h | |
| | AUDERDALE, FL 33304 | <u> </u> | | | | Trust Fund Contribut | | | dded to | Fees |
| | | | ¬ · | 8. This corporation owes the Personal Property Tax. | | | - | ear intangibi ∐Ye | | 5 ⊄ No |
| 24 | 9. Name and Address of Current | 1 1 | יַנינ | | | 0. Name and Address | | | | 20110 |
| | 9. Name and Address of Current | tegistored Agent | 81 | Name | | yo, maine and passes | | | | |
| FILINGS, INC. | | | | | | | | | | <u>. </u> |
| 3732 NW 16TH STREET FORT LAUDERDALE FL 33311 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | · · | | |
| | | | 84 | City | | | | FL 85 | Zip C | ode |
| office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation | Florida. Such change was auth | orized by | the corpo | corporat oration's | tion submits this stateme board of directors. I he | ent for the purpo reby accept the | ose of chang appointmen | ing its r t as reg | egistered jistered |
| SIGNATURE | Signature, typed or printed name of registered agent a | od title if applicable (NOTE: Re | gistered Agen | t signature re | equired whe | en reinstating) | D | ATE | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGE | S TO OFFICE | RS AND DIF | RECTOR | RS IN 12 |
| TITLE | P | ☐ DELETE | 1.1 TITLE | | | | | ₹ic | hange | Addition |
| NAME | HOGGE, JAMES H. | | 1.2 NAME | | | | | | | i |
| STREET ADDRESS | 500 E. BROWARD BLVD., SUITE | 1650 | 1.3 STREET | ADDRESS | | 5 E. SUNRISE | | | :01 | ļ |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 1.4 CITY-ST | r-ZIP | FT. | LAUDERDALE, | FL 33304 | 4 | | |
| TITLE | | | | 2.1 TITLE | | | | | hange | ☐ Addition |
| NAME | | | 2.2 NAME | | | | | | | |
| STREET ADDRESS | | | 2.3 STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 2. 4 CITY-S | T-ZIP | | | | | | |
| TITLE | ☐ DELETE 3.1 TI | | 3.1 TITLE | | | | | □c | hange | ☐ Addition |
| IVANE | | | .3.2 NAME | - | | | | | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | • | | | | | } |
| CITY-ST-ZIP | | | 3.4. CITY-S | T-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | | | hange | ☐ Addition |
| NAME | | | 4. 2 NAME | - | | | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST | r-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | • | ЦС | hange | ☐ Addition |
| NAME | | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET | | | | | | | ļ |
| CITY-ST-ZIP | | | 5.4 CITY-ST 6.1 TITLE | r-ZIP | | | | <u> </u> | honoo | Addition |
| TITLE . | | ☐ DELETE | 6.2 NAME | | | | | | hange | Addition |
| NAME | } | | 6.3 STREET | ADDRESS | | | | | | . |
| CTDEET ADDDEEC | | | | | | | | | | |

6.4 CITY-ST-ZIP 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.

SIGNATURE:

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90095 012 ***150.00