PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

PILEU PISTOR OF CURPORATION

99 SEP 29 PH 12: 40

	JMENT # V71070 RI CONSTRUCTION, INC.	)				29 PH 12: 40
Principal Prace of Business Mailing Address					I (MAI) ALIBIN EBDÖY NÍÁLY DAEIN YORNY ÓÐUL OLD	LI BIBIL BIBIL BIBIL BIBIL BIBIL BIBIL
4101 SW 141ST AVE 4101 SW 141ST AVE MIRAMAR FL 33027 MIRAMAR FL 33027						
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	HIS SPACE
					10/14/1992	-
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26	26		65-0363484	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			- Continued of States Booker	Fee Required
City & State					6. Election Campaign Financing	\$5.00 May Be
[23] Zip	Country Zip Zip		Count		Trust Fund Contribution	Added to Fees
24]	Fi to the term		30	'y	<ol> <li>This corporation owes the current year Intangible Personal Property.</li> </ol>	[]Yes □ No
.24;	9. Name and Address of Curre	• • • • • • • • • • • • • • • • • • • •	1301		10. Name and Address of New Register	
			8	1 Name		
FASKE, GARRY C				2 Street Add	1 Address (P.O. Box Number is Not Acceptable)	
11900 BISCAYNE BOULEVARD SUITE 616 NORTH MIAMI FL 33181					ress (P.O. Box Number is Not Acceptable)	56815   66010
			8	3	-10/05/99	ninso018 no_****550.00
			8	4 City		85 Zip Code
•				1	<u></u>	<b>L</b>
agent	I am familiar with, and accept the obli	uz and 607.1508, Florida Statu te of Florida. Such change was gations of, section 607.0505, F	ites, the abov authorized t Florida Statuti	e-named corporates.	oration submits this statement for the purpose o ion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature itypical or printed name of registered ag	ent and title if applicable (	NOTE Registered	Agent signature rec	guired when reinstating) DATI	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	VP\$	DELETE	1.1 TITLE			Change Addition
NAME:	ZUCCARI, ELLEN JEAN		1.2 NAME			
STREAT ADDRESS			1.3 STREE	ETADDRESS		
CH1 \$1.70*	MIRAMAR FL		1.4 CITY-			
TiTeF	PT OCADI OCODOC W	DELETE	2 1 TITLE	i		Change Addition
NAME	ZUCCARI, GEORGE W		2 2 NAME			
STREET LADIORESS	4101 SW 141 AVE MIRAMAR FL			ETADORESS		
Offy S1J/P TitleF	MINOMANYE	[]pccere	2.4 CITY:			
NAME		L J DELETE	3 2 NAME			Change Addition
STREET AT ORDER			1	ETADDRESS		
CITYSTATE			3.4 CITY-			
Tille		DELETE	4.1 TITLE			Change Addition
KAM			4.2 NAME	:		
\$485/TATORES	5 T		4.3 STREE	ETADDRESS		
O44/\$1/200	l :		4.4 CITY-	ST-ZIP		
TITLE		DELETE	5 1 TITLE		,	Change Addition
NAM:			5 2 NAME		<u> </u>	
STREET ADVISORS	5		5.3 STREE	ET ADORESS	N // M/A r)	
CITY ST Z P		. Frank	5 4 CiTY-		14/ 4/14/V	
TILE		DELETE	61 TITLE		ψ'' 10	Change Addition
NAME			6 2 NAME	<b>I</b>	•	
SIRELIADORESS	5			ETADDRESS		
C(Tr-51.2)F		n n : e	64 CITY-	ST-ZIP	440.07/20/2 5/4-4-10-4-4-10-4-4-4-4-4-4-4-4-4-4-4-4-4-	E . AL AL I E

14. Thereby 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.

SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR