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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # G95321



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90016 005 ***150.00

***************************************	CONSTRUCTORS, INC.										
Principal Place	of Business	Ma	ailing Address				-	1 3 6 1 6 6 7 1 6 1	JI4 BIBSI BIBII AI	B11 DIB11 BB1	
1821 S ORANGE BLOSOM TRAIL APOPKA FL 32703 US 1821 SOUTH ORANGE BLOS APOPKA FL 32703 US US				SOM TRAIL			DO NOT WRITE	IN THIS	SPACE		
							3. Date Incorporated or Qualifed			Ì	
			##-10 # # doc				03/22/1984 4. FEI Number		- Ani	plied For	
	lace of Business		Mailing Address				59-2469864			Applicable	
21	# 010	26	Suite, Apt, #, etc.				39.2409004		\$8.75 A		
Suite, Apt. 1	m, etc.	27	Suite, Apr. #, oto.				5. Certifcate of Status Desired		Fee Re		
City & State	9	21	City & State				6. Election Campaign Financing		\$5.00	May Be	
23	<u>-</u>	28					Trust Fund Contribution		Added to		
Zip	Country	1,	Zip	Counti	у	=	8. This corporation owes the curren	nt year Inta	ıngible		
24			30				Personal Property Tax.				
	9. Name and Address of Current	Regis	tered Agent				10. Name and Address of New Re	gistered A	\gent		
1140	OLD I VON WELLED			8	1 Na	me					
	OLD J. VON WELLER			8	2 St	eet Addre	ess (P.O. Box Number is Not Acceptab	ie)			
1821 S ORANGE BLOSSOM TRAIL APOPKA FL 32703						_					l
APUI	PRA PL 32/03			8	3					ļ	
				8	4 Ci	у		FL	85 Zip C	ode	l
11 Dursuant t	to the provisions of Sections 607.0502	and 6	07.1508 Florida Statutes	the abo	ve-nai	ned corpo	pration submits this statement for the p	urnose of o	changing its	registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florid	ia. Such change was aut	nonzea b	v tne i	corporation	n's board of directors. I hereby accept	the appoin	itment as reg	jistered	l I
SIGNATURE			e la morra	Victoria de Austria		t ro married	udos minetatino)	DATE			١.
12.	Signature, typed or printed name of registered agent OFFICERS ANI				ent sign	mire required	when reinstating) ADDITIONS/CHANGES TO OFFI		D DIRECTO	RS IN 12	ı.
12.			CIORS	1 3							
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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 total 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.