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

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90164 013 ***150.00

DOCUMENT # **P97000026723**1. Corporation Name

FASCO SUPPLY II, INC.

					,				
Principal Place	e of Business	Mailing Address /	(951	Saddle	luma		8 (1) 88 (1) 88 (1 8)		11000 1511 1001
2733 MEADOW FORT MYERS F	LANE	5941 S.W.: 13T CT. CAPE CORAL PL 33914	5951 : Cape	Coral					
TON MIENS I	L 33301	15951 STO	. 1	‰3 3	991	DO NOT WR	ITE IN THIS	SPACE	
					3	Date Incorporated or Qualifed 03/25/1997	i	··	
2. Principal P	lace of Business	2a. Mailing Address	2 1		4	. FEI Number	 	Ap	plied For
21		26 F ASCO 3	ou pol	411	MC.	65-0737876		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			/ 6	. Certificate of Status Desired		\$8.75	Additional
22		27 13951 3	Sadarje	<u>wood</u>	LIV".	. Cartificate of Status Desired		Fee Re	equired
City & Stat	e ————————————————————————————————————	City & State		m. 2	oáci i	i. Election Campaign Financing	:n	•	May Be _
23		28 Cape C	sray	<u> </u>	DT/I	Trust Fund Contribution		Added	to Fees
Zip	Country	[™] 32901	Count	Lee	8	. This corporation owes the cur	теnt year Inta	ngible Yes	
24	25	29 05 171	[30]	Lec		Personal Property Tax.	Declared /		□No
	9. Name and Address of Curren	t Registered Agent		11 Name	_10	Name and Address of New	vefiziaiag y	Ague	 -
KAT	Sandris, John J			1401116					
5941 S.W. 1ST CT.			8	Street /	Address (P.O. Box Number is Not Accept	table)		Ì
	E CORAL FL 33914		-	33					
	2 0011712 1 2 000 1 1	,	١	"				_	
	•		8	34 City		<u> </u>	FL	85 Zip	Code
1	to the provisions of Sections 607.050	2 and CO7 4509 Florida Stol	hutas the sho	Wo named	cornoratio	on exhaute this statement for the		hanging its	registered
11. Pursuant office or r	to the provisions of Sections 607.050. egistered agent, or both, in the State im fartillar with, and accept the obligations.	of Florida. Such change was	authorized b	by the corpo	oration's b	poard of directors. I hereby acce	pi the appoin	tment as re	gistered
agent. I a	m fartillar with, and accept the obligat	tions of Section 607.0505, F	Florida Statute	es.	00	thest address	ام		
SIGNATURE	you gato	7000	ر ۲	28/	-43	Oust out a	DATE		
12.	Signifium Hyped or printed name of registered ager	nt and title if applicable. (NO ID DIRECTORS	OTE: Registered A	gent signature n	required wrien	ADDITIONS/CHANGES TO OF		DIRECTO	DRS IN 12
TITLE	P	DELETE	1.1 TITLE	E .	ρ			Change	Addition
NAME	KATSANDRIS, JOHN	- <u>-</u>	1.2 NAM		Kat:	sandrus, bhni		•	
STREET ADDRESS	5941 SW 1ST CT.			EET ADDRESS	159	si saddle wood	<i>LD</i> ,		}
1	CAPE CORAL FL 33914		1.4 CITY		10000				
CITY-ST-ZIP					Cape	e Coral M.	33991		
NAME		DELETE	2.1 TITLE	E	Cap	e Coral M.	53711	Change	Addition
STREET ADDRESS		DELETE			Cap	e Coral M.	53711	☐ Change	☐ Addition
		☐ DELETE	2.2 NAM	E	cap	e Cord M.	53711	Change	Addition
1-		[] DELETE	2.2 NAM 2.3 STRI	E EET ADDRESS	Сар	e Coral M.	53711	☐ Change	Addition
CITY-ST-ZIP		☐ DELETE	2.2 NAM 2.3 STRI	EET ADDRESS (-st-zip	Сар	e Coral M.	53711	☐ Change	☐ Addition
CITY-ST-ZIP			2.2 NAM 2.3 STRI 2.4 CITY	E EET ADDRESS Y-ST-ZIP E	Сар	e Cord M.	53711		_
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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 attaphment with an address, with all other tike empowered.

SIGNATURE:

941.470.3037