**FILED** 

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90288 010 \*\*\*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 # **P97000108470**1. Corporation Name

LEPINE BUILDERS, INC.

Principal Place	e of Business	Mailing Address		1 18871885 114 18111 18314 BRUL BRUL BRINE	IIBII BBIBI (BIII BIBI) IBBN aan 1881
1107 KEY PLAZ	<b>'</b> A	1107 KEY PLAZA			
409 STE 409				DO NOT WRITE IN	THIS SPACE
KEY WEST FL 33040 KEY WEST FL 33040 US US				3. Date Incorporated or Qualifed	THIS STACE
บจ		00		12/26/1997	
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0811059	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
27		27		5. Certificate of Status Desired	Fee Required
City & State	e-	*City & State		6. Election Campaign Financing	- \$5.00 May Be . ⋅
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 30		Personal Property Tax.  10. Name and Address of New Register	
	9. Name and Address of Current	Registered Agent	81 Name /	/ / / / / / / / / / / / / / / / / / /	sed Agent
LEDING ARCHAEL				epine, Michael	
1075 DUVAL STREET			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	#419
C-21, SUITE 190			83 1	or pay running	701
KEY WEST FL 33040					
			84 City	leve 11 rot	FI 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor				poration submits this statement for the purpos	se of changing its registered
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's poard of directors. I hereby accept the appointment as registered					
agent: Tam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.				a VD	ilor lag
SIGNATURE	Signature, typed or printed name of registered agent		gistered Agent signature equire		E 7/00///
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	LEPINE, MICHAEL		1.2 NAME		
STREET ADDRESS	1075 DUVAL STREET, C-21, ST	E 190	1.3 STREET ADDRESS	. 10	
CITY-ST-ZIP	KEY WEST FL 33040		1.4 C/TY-ST-ZIP	V V	Change Addition
TITLE	VP	☐ DELETE	2.1 TITLE	Lepine, Michael	a
NAME	LEPINE, M		2.2 NAME	1107 Key Plaza 7	<i>4 409</i>
STREET ADDRESS	1107 KEY PLAZA, 409		2.3 STREET ADDRESS	Keyllock +1	22040
CITY-ST-ZIP	KEY WEST FL 23304	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	19 West PL	Change Addition
TITLE	P '	C perete	3.2 NAME	Lepine, Michael 1107 Key Plaza 1 Key West FL	
NAME CONTRACTOR	LEPINE, F D 1107 KEY PLAZA, 409		3.3 STREET ADDRESS	oper -	
STREET ADDRESS	KEY WEST FL 33040		3.4 CITY-ST-ZIP		
CITY-ST-ZIP	NET THEOLITE GOOTS	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	4		4.4 CITY-ST-ZIP		·
TITLE	•	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	
STREET ADDRESS	•		5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		j

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP