## 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 # P9700043885

BRANCO LATH & STUCCO, INC.

Principal Place of	Busi
317 3RD STREET	_

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90025 004 \*\*\*150.00



					<u></u> }	FFIOR THEORY	1 (43)
Principal Plac	e of Business	Mailing Address					
		317 3RD STREET ORLANDO FL 32824			DO NOT MIDITE IN THIS COA	CE	
					DO NOT WRITE IN THIS SPA		
					3. Date Incorporated or Qualifed 05/14/1997	<del>, , ,</del>	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied F	
1 26					59-3445061	Not Applie	
Suite, Apt. #, etc.					<b>8.75</b> Addition Fee Required		
2		27				<del></del>	
¬ ···, ·· · · · · · · · · · · · · · · ·		City & State	State		6. Election Campaign Financing \$5.00 May Be		
3		28	Cour	<u></u>		Added to Fees	,
Zip 	Country	Zip	Coun	iu y	8. This corporation owes the current year Intangit Personal Property Tax.		
4	25	29 3	<u> </u>		10. Name and Address of New Registered Age		
	9. Name and Address of Curr	ent veðisteten viðent		81 Name	10. Hallie alle racioce di non ingliciales rigin		
RPA	NCO, MICHAEL B						
	3RD STREET		1	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	ANDO FL 32824			83			
0.10	34150 . 2 000-1		Ľ			<del></del>	
			1	84 City	FL  8	Zip Code	
44 Ourseland	to the previolenc of Sections 607.0	502 and 607 1508 Florida Statutes	the abo	ove-named corr	poration submits this statement for the purpose of char	nging its registe	ered
office or i	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change was aut	horized i	by the corporati	on's board of directors. I hereby accept the appointme	int as registere	u
SIGNATURE	Signature, typed or printed name of registered a	gent and title if annicable (NOTE: R	edistered A	Agent signature require	ed when reinstating) DATE		_
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN	12
TITLE	D	☐ DELETE	1.1 TITL	LE			Addition
NAME	BRANCO, MICHAEL		1.2 NAM	ME			
STREET ADORESS	ALT ADD ATDECT		1.3 STR	REET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32824		4	Y-ST-ZIP			
TITLE	0,12,11,00,12,0202,	DELETE	2.1 TITL			Change D	Addition
NAME			2.2 NAM	ME.			
STREET ADDRESS	;		2.3 STR	REET ADORESS	•		
CITY-ST-ZIP			2.4 CIT	TY-ST-ZIP			
TITLE					*****		Addition
NAME		☐ DELETE	3.1 TITL	LE		Change [] A	400:0011
STREET ADDRESS		DELETE	3.1 TITL 3.2 NAM			Change [] A	400,0011
CITY-ST-ZIP	5	☐ DELETE	3.2 NAM			Change D	40010011
TITLE	SI .	( DELETE	3.2 NAA 3.3 STR	ME			
	5	[] DELETE	3.2 NAA 3.3 STR	ME REET ADORESS TY-ST-ZIP			
NAME	3		3.2 NAM 3.3 STR 3.4, CIT	ME REET ADORESS TY-ST-ZIP LE			
			3.2 NAA 3.3 STR 3.4, CIT 4.1 TITL 4.2 NA	ME REET ADORESS TY-ST-ZIP LE			
NAME STREET ADDRESS			3.2 NAM 3.3 STR 3.4, CIT 4.1 TITL 4.2 NAI 4.3 STR	ME REET ADORESS IY-ST-ZIP LE		Change []/	Addition
NAME STREET ADDRESS CITY-ST-ZIP			3.2 NAM 3.3 STR 3.4, CIT 4.1 TITL 4.2 NAI 4.3 STR	ME REET ADORESS TY-ST-ZIP LE LME REET ADDRESS Y-ST-ZIP		Change []/	
NAME		[] DELETE	3.2 NAM 3.3 STR 3.4 CIT 4.1 TITU 4.2 NAI 4.3 STR 4.4 CIT	ME REET ADORESS TY-ST-ZIP LE MME REET ADORESS Y-ST-ZIP LE		Change []/	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3	[] DELETE	3.2 NAA 3.3 STR 3.4. CIT 4.1 TITU 4.2 NAJ 4.3 STR 4.4 CIT 5.1 TITU 5.2 NAA	ME REET ADORESS TY-ST-ZIP LE MME REET ADORESS Y-ST-ZIP LE		Change []/	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3	[] DELETE	3.2 NAA 3.3 STR 3.4 CIT 4.1 TITU 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITU 5.2 NAA 5.3 STR	ME REET ADORESS TY-ST-ZIP LE MME REET ADDRESS Y-ST-ZIP LE ME		Change []/	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	[] DELETE	3.2 NAA 3.3 STR 3.4 CIT 4.1 TITU 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITU 5.2 NAA 5.3 STR	ME REET ADORESS IY- ST-ZIP LE IME REET ADDRESS Y- ST-ZIP LE ME REET ADORESS Y- ST-ZIP REET ADORESS		Change /	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3	☐ DELETE	3.2 NAA 3.3 STR 3.4. CIT 4.1 TITU 4.2 NAJ 4.3 STR 4.4 CIP 5.1 TITU 5.2 NAA 5.3 STR 5.4 CIP	ME REET ADORESS IY- ST-ZIP LE IMME REET ADDRESS IY- ST-ZIP LE IMME REET ADORESS IY- ST-ZIP LE IME REET ADORESS IY- ST-ZIP LE IME REET ADORESS IY- ST-ZIP LE		Change /	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S	☐ DELETE	3.2 NAA 3.3 STR 3.4 CIT 4.1 TITU 4.2 NAI 4.3 STR 4.4 CIP 5.1 TITU 5.2 NAA 5.3 STR 5.4 CIP 6.1 TITU 6.2 NAA	ME REET ADORESS IY- ST-ZIP LE IMME REET ADDRESS IY- ST-ZIP LE IMME REET ADORESS IY- ST-ZIP LE IME REET ADORESS IY- ST-ZIP LE IME REET ADORESS IY- ST-ZIP LE		Change /	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	S	☐ DELETE	3.2 NAA 3.3 STR 3.4 CIT 4.1 TITU 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITU 5.2 NAA 5.3 STR 6.1 TITU 6.2 NAA 6.3 STR	ME REET ADORESS IY- ST-ZIP LE IMME REET ADDRESS IY- ST-ZIP LE IME REET ADORESS IY- ST-ZIP LE IME REET ADORESS IY- ST-ZIP LE IME IME REET ADORESS IY- ST-ZIP LE IME		Change /	Addition Addition

14. I hereby certify that the information supplied with this filling 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 additional method of the corporation of the corporation of 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 additional method of the corporation of the receiver of the corporation of 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 additional method of the receiver of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607.

SIGNATURE: >

Daytime Phone #