FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 160963

Principal Place of Business

RUSKIN BUILDERS INCORPORATED

P O BOX 128 307 N. TAMIAMI TRAIL RUSKIN FL 33570		P O BOX 128 307 N. TAMIAMI TRAIL RUSKIN FL 33570		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/25/1950				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21	•	26			59-0934814	<u> </u>	N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		a Continue of Status Desired		\$8.75	Additional	
22		27		5. Certifcate of Status Desired		Fee F	lequired	
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 Intangible			
24 25		29 30			Personal Property Tax.			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New I	Registered A	Agent	
			81	Name				
	H, G. WENDELL		82	Street Add	ress (P.O. Box Number is Not Accept	able)	- -	
	2ND ST. S.W.		02	Oneer Add	1000 (1 10. DOX Hallipot is Hot Mocope			
RUS	KIN FL 33570		83					
			ļ <u>.</u>			····	0e 7in	Code
			84	City		FL	85 Zip	Joue
12.		ND DIRECTORS	13.	nt signature require	ad when reinstating) ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PD	☐ DELETE	1.1 TITLE	-			Change	Addition
NAME	DIÇKMAN, EDWARD L.		1.2 NAME					
STREET ADDRESS	102 12TH ST. S.W.		1.3 STREE	T ADDRESS				
CITY+ST-ZIP	RUSKIN FL		1.4 CITY-S	IT-ZIP				
ππLE	VD	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	DICKMAN, GLENN K.		2.2 NAME					
STREET ADDRESS	301 S. Tamiami-trail		2.3 STREE	TADORESS .	in the second			- }
CITY-ST-ZIP	RUSKIN FL		2. 4 CITY-5	ST-ZIP				
ΠΠΕ	STD	☐ DELETE	3.1 TITLE		•		Change	Addition
NAME	DICKMAN, PAUL R.		3.2 NAME	}				ĺ
STREET ADDRESS	BAHIA BEACH		3.3 STREE	TADDRESS				
CITY-ST-ZIP	RUSKIN FL		3.4. CITY-5	ST-ZIP			[7] (h-	□ A 2400
TITLE		☐ DELETE	4.1 TITLE	l	•		Change	e ☐ Addition
NAME	•		4.2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			[] (h	- Addition
TITLE	•	☐ DELETE	5,1 TITLE	1		•	Change	Addition
NAME	• •		5.2 NAME		,			
STREET ADDRESS			•	TADDRESS	•		•	
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	ST-ZIP			[Change	Addition
TITLE		☐ DELETE					☐ Criange	
NAME			6.2 NAME	T.4800F33				
ATDEET ABBRECO			■ 6.3 STREE	TADDRESS				

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:

CITY-ST-ZIP

Date

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90099 027 ***150.00