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

OFFICERS AND DIRECTORS

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 245631

1. Corporation Name

12.

TITLE

D

NADER CONSTRUCTION CO INC

Principal Place of Business	Mailing Address			-	I filatie lieu acea alle pripe file ilst alei.		A.G., 4.4., 919() 184		
1403 W COLONIAL	1403 W COLONIAL								
ORLANDO FL 32804 US		ORLANDO FL 32804 US			DO NOT WRITE IN TH	H S SPACE			
 	00				3. Date Incorporated or Qualifed				
					03/16/1961				
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		App ied For		
21 425 MACARHOR D	R- 26 425 MACHE	thor	e	DR,	59-0939846		Not Applicable		
Suite, Apt. #, etc. 22 ORIANDO FL-	Suite, Apt. #, etc. 27 ORIANDO	F	_		5. Certificate of Status Desired	•	75 Additional ee Required		
City & S ate 23 32839	City & State 28 32839				6. Election Campaign Financing Trust Fund Contribution		.00 May Be		
Zip Country 24 25	Zip 29 30	Country	у		This corporation owes the current year language. Personal Property Tax.	ntangible Yes	[]No		
	9. Name and Add ess of Current Registered Agent				10. Name and Address of New Registere:	d Agent			
		81	ı	Name					
NADER, DOROTHY V. 922 W. MICHIGAN ST			2	Street Addre	et Address (P.O. Box Number is Not Acceptable)				
OFILANDO, FL		83	3						
OFILANDO FL 32805		84	1	City	F	85	Zip Code		

□ DELETE

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90178 020 ***150.00

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

App ied For Not Applicable

Addition	R2E034 (11
Addition	
Addition	
Addition	
Addition	1

(86)

AME	NADER, GEORGE M	1.2 NAME						
STREET ADDRE 3S	922 W MICHIGAN ST	1.3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP						
TITLE	PDAS DELETE	2.1 TITLE	☐ Change	Addition				
NAME	NADER, DOROTHY V	2.2 NAME						
STREET ADDRESS	922 W MICHIGAN ST	2.3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO, FL 00000	2. 4 CITY-ST-ZIP						
TITLE	☐ DELETE	3.1 TITLE	☐ Change	Addition				
NAME		3 2 NAME						
STREET ADDRE 3S		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
rmue	DELETE	4.1 TITLE	☐ Change	☐ Addition				
NAME		4 2 NAME						
STREET ADDRE 3S		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
rmle	☐ DELETE	5.1 TITLE	Change	☐ Addition				
NAME		5.2 NAME						
STREET ADDRE 3S		5.3 STREET ADDRESS		1				
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE	☐ Change	Addition				
VAME		6.2 NAME						
STREET ADDRE 3S		6.3 STREET ADDRESS						
CITY-ST-ZIP		6.4 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). Floridal Statutes. I further certify that the information								

1.1 TITLE

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 or derivant; 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.

SIGNATURE: