## 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 # 250795 1. Corporation Name

INLAND SEALCOATING, INC.

Principal Place	e of Business	Mailing Address				( ) <b>44()4 ()46</b> ()			61611 61211 1007
1341 NORTHEAST 46TH STREET % JOHN BRKLACIC FORT LAUDERDALE FL 33334		1341 NORTHEAST 46TH STREET % JOHN BRKLACIC FORT LAUDERDALE FL 33334			DO NOT WRI	TE IN THIS	SPACE		
					3.	Date Incorporated or Qualifed 08/31/1961			
2. Principal Pl	lace of Business	2a. Mailing Address			4.	, FEI Number		A	pplied For
21		26				59-0943888			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	. Certifcate of Status Desired		\$8.75 - Fee R	Additional equired
City & State	e	City & State			6.	. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
<i>Zi</i> p <b>24</b>	Country 25	Zip	Country 30	4	8.	<ul> <li>This corporation owes the curr Personal Property Tax.</li> </ul>	ent year Inta	ngible	□No
	9. Name and Address of Curre				10.	Name and Address of New F	Registered A	\gent	
			81	Name					Ì
	CHETT, CAROL		82	Street	Address (	P.O. Box Number is Not Accepta	able) ·		
	NE 15 TERRACE			. Ollect	, 100,000 (,				
WILT	ON MANORS FL 33305		83	3					
			84	City				85 Zip	Code
			1				<u>FL</u>		
11. Pursuant t	to the provisions of Sections 607.056 egistered agent, or both, in the State	02 and 607.1508, Florida Statute	s, the abov	e-named	corporatio	on submits this statement for the	purpose of one	changing its	s registered egistered
office or re	egistered agent, or both, in the State	e of Fiorida. Such change was au	(HOHZEG D)	ille colbi	oranon s p	Data di ancorora. I noroby accor	bt into appoin		9.010.7-
agent. I ar	m familiar with, and accept the obliga-	ations of, Section 607.0505. Flori	da Statute	s.					
agent. I ai	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statute	s. _		·			
agent. I a	m familiar with, and accept the obligi	ent and title if applicable (NOTE:	Registered Age	s. _	equired when	reinstating)	DATE		
agent. I as	m familiar with, and accept the obliging signature, typed or printed name of registered age OFFICERS Al	ations of, Section 607.0505, Flori ent and title if applicable (NOTE: ND DIRECTORS	Registered Age	s. _	equired when	·	DATE	D DIRECT	ORS IN 12
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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 privan attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90096 014 \*\*\*150.00

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