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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # 500816

16 (4)

YUSUF MOHAMAD EXCAVATION, INC.

Principal Place of Business

Mailing Address

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90033 023 ***150.00

	8642 A D Mims Roa		42 A			1				
Orlandom Fl 32818 Orlando, FL 32						8 T 8 DO NOT WRI	TE IN THIS	SPACE		,
						3. Date Incorporated or Qualifed	-			
						04/08/1976				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		T Ar	oplied For	1
21		26				59-1660906		Nı	ot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75	Additional.	
22		27				5. Certifcate of Status Desired		Fee Ro	equired	ļ
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	ļ
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intangible					
24	25	29	30			Personal Property Tax.				
	9. Name and Address of Current	Registered Agent	ered Agent			10. Name and Address of New Registered Agent				
			8	1 Name	е					
	MOHAMAD, YUSUF		8	2 Stree	t Addres	ss (P.O. Box Number is Not Accepta	able)			
	8642 A.D. Mims Ro	oad		Silver i de de la constitución d						
	Orlando, FL 3281		8	3						[
	01141140, 12 0114		8	4 City				85 Zip	Code	ł
ł			-	- 1			<u>FL</u>	. ' ' '		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute	es, the abo	ve-name	d corpor	ration submits this statement for the	purpose of	changing its	registered	
onice or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ida Statute	y ule col es.	poration	15 DOARD OF UNECLOSS. THEFEBY BOOK	at the appoin	michi as re	gistered	
SIGNATURE	•									1
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe				e required v	when reinstating)	DATE			6
12.	OFFICERS AND DIRECTORS 1					ADDITIONS/CHANGES TO OF	FICERS AN		ORS IN 12	عِ إ
TITLE	· —		1.1 TITLE					☐ Change	☐ Addition	1 2
NAME	PTS		1.2 NAMI	i						5
STREET ADDRESS	MOHAMAD, YUSUF			ET ADDRES	s) <u>S</u>
CITY-ST-ZIP	8642 A D Mims Rd			ST-ZIP					_	5
TITLE	Orlando, FL 3281	8 DELETE	2.1 TITLE	-				Change	Addition	٦
NAME	. •		2.2 NAME		ē .	1				ļ
STREET ADDRESS				ET ADDRES	s					
			2.4 CITY		1					1
CITY-ST-ZIP		[] DELETE	3.1 TITLE		+		·	Change	Addition	Ì
TITLE	_D									
NAME	MOHAMAD, YUSUF		3.2 NAME							<u>ا</u>
STREET ADDRESS	8642 A D Mims Road			ET ADDRES	٥					
CITY-ST-ZIP	0.4.		3.4, CITY 4.1 TITLE		 			Change	Addition	1
TITLE NAME		. Cy OLLETE	4. 2 NAM		1				_	
STREET ADDRESS				- ET ADDRES	s					
CITY-ST-ZIP			4.4 CITY		-					
TITLE		☐ DELETE	5.1 TITLE					Change	Addition]
NAME			5.2 NAMI							
STREET ADDRESS		•	5.3 STRE	ETADORES	s					1
CITY-ST-ZIP			5.4 CITY	ST-ZIP] .
TITLE		☐ DELETE	6.1 TITLE	_				Change	☐ Addition	Ι΄
NAME			6.2 NAMI	į						
STREET ADDRESS			6.3 STRE	ET ADDRES	s					'
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), 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.

SIGNATURE: //

Tusse Mohamas Pres.

April 13, 1999

407/291-6349