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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90015 019 \*\*\*150.00

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 669848 1. Corporation Name

GEORGE VEIT CONSTRUCTION, INC.

Principal Place of Business Mailing Address						•		******	01211 01011 1001	
2130 JOHNSON ST. 616 S.W. 4TH AVE. HOLLYWOOD FL 33020 HALLANDALE FL 33009							DO NOT WRITE IN THIS	SPACE		
							3. Date Incorporated or Qualifed	, di //OL		1
		•					05/12/1980			
2. Principal F	Place of Business	2a, Ma	iling Address				4. FEI Number	A	pplied For	١,
21		26		•			59-2001516	No	ot Applicable	1 :
Suite, Apt.	#, etc.	<b></b>	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
	te, Second P. Communication		City & State				6. Election Campaign Financing	\$5.00	May Be	1
23	3, 4, 2, 3, 4, 2	28	28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Cou	ıntry		8. This corporation owes the current year In	tangible		
24	j) <b>25</b>	29		30			Personal Property Tax.	☐ Yes	□No	_
	9. Name and Address of Curren	t Registere	d Agent				10. Name and Address of New Registered	Agent		4
14/0	WEE DIOLAND T FOO				81	Name	•			
888	ulfe,richard T. ESQ. E. Los Olas Blvd.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	TE 400				83	•			1 2 2 1 2 2	1
FOF	RT LAUDERDALE FL 33301				84	City	- Programme Company Co	<b>85</b> Zip	Code	١.
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN		<del></del>	Registered	i Ageni	t signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	- 6
TITLE	PD		☐ DELETE	1.1 TITLE		I		Change	Addition	13
NAME	VEIT, IV, GEORGE			1.2 NAME			•			
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CITY-ST-ZIP	HALL AND ALC CL		•	1.4 CITY-		-ZIP				3
TITLE	D		☐ DELETE	2.1 T				☐ Change	Addition	1
NAME	VEIT, III, GEORGE		•	2.2 NAME						ĺ
STREET ADDRESS	401 S.W. 7TH ST.			2.3 S	TREET	ADORESS				
CITY-ST-ZIP	HALLANDALE FL.			2.40	TY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·			
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NAME				6.2 N				_ •	_	
(AAA)	1 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					ADDRESS	•			

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 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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP