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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

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Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90021 042 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F54964.

CONTRACTOR FINANCIAL SERVICES, INC.

| Principal Place | e of Business | Ma | ailing Address | | | | 1 1021102 1101 9/111 31813 18110 31711 3181 3181 | | | |
|--|---|--------------------------------|---|--|--|---|--|--|--------------------------------------|--|
| 1575 SAN IGNACIO STREET. SUITE 100 CORAL GABLES FL 33143 | | | 1575 SAN IGNACIO STREET. SUITE 100 CORAL GABLES FL 33143 | | | | | | | |
| | | | | | | | DO NOT WRITE IN THIS | SPACE | | |
| | | | | | | | 3. Date Incorporated or Qualifed 12/31/1981 | | . , | |
| 2. Principal P | Place of Business | 2a. | Mailing Address | | | | 4. FEI Number | Ar | oplied For | |
| 21 | | 26 | | | | | 59-2152856 | No | ot Applicable | |
| Suite, Apt. | #, etc. | 27 | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | Additional equired | |
| City & Stat | te | | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be | |
| 23 | | 28 | | | | | Trust Fund Contribution | Added | to Fees | |
| Zip | Country | | Zip | Cou | untry | | 8. This corporation owes the current year Int | angible | | |
| 24 | 25 | 29 | | 30 | | | Personal Property Tax. | ☐ Yes | □No | |
| | 9. Name and Address of Curr | | tered Agent | *** * | | | 10. Name and Address of New Registered | Agent | | |
| Australia | | | | | 81 | Name · | • | • | | |
| SKRLD, INC. 2017ALHAMBRA CIRCLE; SUITE 1102 A INC. | | | G. | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| | RAL GABLES FL 33134 | | | | 83 | | THE RESIDENCE OF THE PROPERTY | 14 1 1 2 4 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 | 51811 (PRT. 1831 | |
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| | , , , | | | | 84 | City | , F I | 85 Zíp | Code | |
| office or r | registered agent, or both, in the Sta | ate of Florid ligations of, | la. Such change was a Sertion 607 0505. Flo | authorized | d by t | the corporatio | oration submits this statement for the purpose of on's board of director. I hereby accept the appoi | ntment as re | gistered | |
| SIGNATURE | • | | ~ | | | | d when reinstating) | | | |
| SIGNATURE | | agent and title i | if applicable. (NOT | | d Agent | | | عسي في الرابي | DRS IN 12 | |
| SIGNATURE | Signatu, typed or printed name of registered | agent and title i | if applicable. (NOT | E: Registered | d Agent | | dwnen reinstating) DAI | عسي في الرابي | | |
| SIGNATURE | Stgnatu: , typed or printed name of registered of PICERS P SHEPARD, RALPH | agent and title i | if applicable. (NOT | E: Registered | d Agent | | d when reinstating) DAI :: DAI | ID DIRECTO | DRS IN 12 | |
| SIGNATURE 12. TITLE | Signatu typed or printed name of registered of of Re | agent and title i | if applicable. (NOT | E: Registered 13. 1.1 TI 1.2 N/ | d Agent | | d when reinstating) DAI :: DAI | ID DIRECTO | DRS IN 12 | |
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| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS P SHEPARD, RALPH 1575 SAN IGNACIO ST.#104 CORAL GABLES FL | agent and title i | if applicable. (NOT: CTORS DELETE | E: Registered 13. 1.1 Tf 1.2 N/ 1.3 ST 1.4 Cf | d Agent TILE IAME STREET CITY-ST | t signature required | d when reinstating) DAI :: DAI | ND DIRECTO | DRS IN 12 | |
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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 supplied that 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 beceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if Chapter 14 annual report or the same legal effect as if made under oath; that I am an officer or director of the corporation or the beceiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the beceiver or trustee empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

NAME

STREET ADDRESS

NS75 SAN PRIMORD THE NO.