## 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 # F9300001299

1. Corporation Name

GIANNET	TI CONTRACTING CORPOR	AHUN									
Bringing Blood	of Rusiness	Mailing	Address					ilia dirin dalin d			
Principal Place of Business  6340 SIMS DRIVE STERLING HEIGHTS MI 48313  Mailing Address  6340 SIMS DRIVE STERLING HEIGHTS MI 48313			MS DRIVE	ŀ			DO NOT WR	TE IN THIS	SPACE		
,							3. Date Incorporated or Qualifed				
			•				03/09/1993			\	
_ 2., Principal Pl	ace of Business	2a. Ma	iling Address		_		4. FEI Number		App	lied.For	
21		26 -					38-2477625		Not	Applicable	
Suite, Apt.	#, etc.	Sui	te, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	I	
22		27					o. Conticate of States Boards		Fee Red	quired	
City & State	·	Cit	y & State				6. Election Campaign Financing		\$5.00 h		
23		28					Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	·	Countr	у		8. This corporation owes the cur	rent year int			
24	25	29	30	<u> 1,</u>			Personal Property Tax.		_X	□No	
	9. Name and Address of Current	Registere	d Agent	8		Name	10. Name and Address of New	Registered	Agent		
CIAN	NETTI, RICK			°	١.	Name					
4371 NW 19 AVE				82	2	Street Addres	ss (P.O. Box Number is Not Accept	able)			
POMPANO BEACH FL 33064				-	4					<del>_</del>	
FOMFARO BEACTITE 55004				8	3						
				84	4	City	FL 85 Zip Code				
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1	508. Florida Statutes.	the abov	ve-r	named corpor	ation submits this statement for the	purpose of	changing its	registered	
office or re agent. I a	to the provisions of Sections 607.0502 agistered agent, or both, in the State on familiar with, and accept the obligat	f Florida. S ons of, Sec	Such change was authorition 607.0505, Florida	orized by Statute	y th s.	e corporation	's board of directors. I hereby acce	pt the appoi	ntment as reg	istered	
SIGNATURE						· · · · · · · · · · · · · · · · · · ·		DATE			
12.	Signature, typed or printed name of registered agent OFFICERS ANI			13.	ent s	signature required v	ADDITIONS/CHANGES TO OF		ID DIRECTOR	RS IN 12	
TITLE	P	DIRECT	DELETE	1,1 TITLE		<u> </u>			☐ Change	Addition	
	GIANNETTI. RICK			1.2 NAME		1		•		-	
NAME						DDRESS					
STREET ADDRESS	POLICIANO DELOU EL COCCA										
CITY-ST-ZIP	VP		[] DELETE	1.4 CITY- 2.1 TITLE		<u> </u>			Change	Addition	
NAME	GIANNETTI, FRANK								n ·	_	
	6340 SIMS DR			2.3 STRE		nnpegg 's		، جين س			
- STREET ADDRESS	STERLING HEIGHTS FL 48313			2.4 CITY-		I .	TERLING HEIGHTS, M	1 4831	3	1	
CITY-ST-ZIP TITLE	STERILING FE 40010		☐ DELETE	3.1 TITLE		-	IBREENO REPORTES, III	. ,,,,,,,	Change	☐ Addition	
NAME				3.2 NAME							
STREET ADDRESS	•			3.3 STRE		INDRESS				\	
				3.4. CITY-							
CITY-ST-ZIP			DELETE	4.1 TITLE	_				☐ Change	Addition	
NAME	•			4. 2 NAME							
				4.3 STREA		IDDRESS					
STREET ADDRESS				4.3 STREA							
CITY-ST-ZIP			☐ DELETE	5.1 TITLE					☐ Change	Addition	
MAME				5.2 NAME							

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:X

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

□ DELETE

☐ Change

Addition

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90113 028 \*\*\*150.00