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

Mailing Address 7141 DEXTER RD.

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F9400000506**1. Corporation Name

Principal Place of Business

7141 DEXTER RD.

EXPRESS CONSTRUCTION, INC.

DOWNERS GROVE IL 60515		DOWNERS GROVE IL 60515		DO NOT WRITE IN THIS SPACE				
				•	 Date Incorporated or Qualife 02/02/1994 	d		
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number		A	pplied For
21		26			36-3420941		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	×		Additional equired
City & State	90	City & State		 -	6. Election Campaign Financing	1 _	\$5.00	May Be
<u> </u>	.c	28			Trust Fund Contribution	' _□		to Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes the cu	rrent vear Ir	ntangible	
—	25	29	30	,	Personal Property Tax.		Yes	□No
24	9. Name and Address of Curre		1301		10. Name and Address of New	Registered	Agent	
	g. Name and Address of Curre	A R A A A A A		81 Name				
GIBS	SON, BILL	a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
6700 CORSICA COURT				82 Street Add	ress (P.O. Box Number is Not Accep	table)		
ORLANDO FL 32822				83	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	· · · · · · · · · · · · · · · · · · ·	4 () 4 ()	8173 11 11 11
J				03				出些品铺
				84 City	100		85 Zip	Code
100 to 0.1 (7.1)	to the provisions of Sections 607.05						<u> </u>	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (N	OTE: Registered	Agent signature require		DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO C	FFICERS A		
TITLE	P	☐ DELETE	1.1 T	TLE	e se		Change	Addition
NAME	Lastovka, Richard		1.2 N	AME				
STREET ADDRESS	7141 DEXTER RD.		1.3 S	TREET ADDRESS		•		,
CITY-ST-ZIP	DOWNERS GROVE IL 60516		1.4 C	ITY-ST-ZIP				
TITLE	ST	☐ DELETE	2.1 T	TLE .			☐ Change	☐ Addition
NAME	LASTOVKA, BETTY		2.2 N	AME				
STREET ADDRESS	TAMA DEVICED DE		238	TREET ADDRESS				
CiTY-ST-ZIP	DOWNERS GROVE IL 60516	4	2.40	:ITY-ST-ZIP				
TITLE		DELETE	3.1 T	TLE			Change	Addition
NAME			3.2 N	AME				
STREET ADDRESS	1 %		3.3 S	TREET ADDRESS			21 JULY	.61731 00
CITY-ST-ZIP	· 受養性/ 1		3,4. (CITY-ST-ZIP		1		
TITLE		☐ DELETE				3.1	Change	Addition
			4.21	IAME				
NAME STREET ADDRESS				TREET ADDRESS				
	1		1	ITY-ST-ZIP				
CITY-ST-ZIP		□ DELETE					☐ Change	☐ Addition

6.4 CITY-ST-ZIP 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 changes of an auttacement with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

00

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90088 032 ***158.75

CR2E034 (11/98)

☐ Addition

☐ Change