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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000002388

1. Corporation Name

ASTRO WATERPROOFING AND RESTORATION CORP.

Principal Place of Business Mailing A		Mailing Address	ailing Address				18/8/ 18/1 1881
128-19 22ND AVE. 128-19 22ND AVE. COLLEGE POINT NY 11356 COLLEGE POINT NY 11356				DO NOT WRITE IN TI	HIS SPACE		
					3. Date Incorporated or Qualifed		
					05/06/1994		
2. Principal P	lace of Business	2a. Mailing Address		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	4. FEI Number	- Api	plied For
21		26			11-2883716	Not	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Re	1	
City & State	to .	City & State			6. Election Campaign Financing	\$5.00	May Re
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Countr	y	8. This corporation owes the current year	Intangible	
24	25	29 30	1		Personal Property Tax.	☐ Yes	□No
24]	9. Name and Address of Curren		' 		10. Name and Address of New Register	ed Agent	
			81	Name			
XL CORPORATE SERVICES, INC. 4435 OLD WINTER GARDEN ROAD ORLANDO FL 32811		82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83		*** ** ** *** *** *** *** *** *** ***	1 2 3 3 4 5 4 5 1 g s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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•			84	City	F	85 ' Zip C	Gode
1							
office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations are supported to the contract of the section of	of Florida. Such change was authoritions of, Section 607.0505, Florida	orized by Statute	r the corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap		registered gistered
Affice or r	registered agent, or both, in the State.	of Florida. Such change was authoritions of, Section 607.0505, Florida	orized by Statute	r the corporations.	of shooted of directors. Priefeby accept the ap-	ponunent as reg	gistered
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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 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 charges and that my name 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

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

URED TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90003 040 ***150.00

☐ Change

Addition