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Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90113 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96060

1. Corporation Name

ROBERT VENDETTE GENERAL CONTRACTOR, INC.

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Principal Place	e of Business	Mailing Address							-1.2 () · · · ·	
1401 ALLENDAI	LE	PO BOX 17497								
#B WEST PALM BCH FL 33416						DO NOT MIDITE IN THIS SPACE				
WEST PALM B	CH FL 33406	บร			<u> </u>	DO NOT WRITE IN THIS SPACE				
US					3.	Date Incorporated or Qualifed				
					4	08/18/1982				
	lace of Business	2a. Mailing Address			· 4.	FEI Number			plied For	
21 2610	Flamango Ct Sout					59-2213099			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certifcate of Status Desired			Additional	
22		27							equired	
City & Stat	City & State	ı		6.	6. Election Campaign Financing \$5.00 N					
23 West	Palm Beach, Fl	28				Trust Fund Contribution		Added	to Fees	
Zip	Country	<u> </u>	untry	1	8.	This corporation owes the curre	ent year Int		_	
24 3341		29 30				Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent	 		10.	Name and Address of New R	egistered	Agent	i	
\ <i>!!</i> "\!	DETTE DODEDT		81	Name					ļ	
VENDETTE, ROBERT				Street Add	ress (F	P.O. Box Number is Not Accepta	ble)			
2670 FLAMANGO CT SOUTH										
WES	ST PALM BEACH FL 33406	·	83			•				
			-	G.b.				85 Zip	Code	
			84	City			FL	. 65 24		
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	abov	e-named corp	poratio	n submits this statement for the	purpose of	changing its	registered	
office or n	egistered agent, or both, in the State o	Florida. Such change was authorize	ed by	the corporati	ion's b	oard of directors. I hereby accep	t the appoi	ntment as re	gistered	
agent. ra	m familiar with, and accept the obligation	ons of, Section 607.0505, Fiorida Sta	แนเยร	••					1	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (MOTE: Pagister	ad Arre	nt signature require	red when	rejostatino)	DATE		——	
12.	OFFICERS AND			nt organization to quant		ADDITIONS/CHANGES TO OF		D DIRECTO	ORS IN 12	
TITLE	TSD		ITLE					☐ Change	☐ Addition	
NAME	VENDETTE, CARALEE A	12	VAME							
	2670 FLAMANGO CT SOUTH	l -	. –	T ADDRESS						
STREET ADDRESS	WEST PALM BEACH FL 33406						-		ì	
CITY-ST-ZIP	PD		CITY-S TITLE	51-ZIP				Change	☐ Addition	
TITLE	· •									
NAME	VENDETTE, ROBERT		VAME						į	
STREET ADDRESS	2670 FLAMANGO CT SOUTH	2.3	STREE	TADDRESS						
CITY-ST-ZIP	WEST PALM BEACH FL 33406			ST-ZIP						
TITLE.	ب مجموعة الأدار	□.DELETE. 3.1	MLE -	ಜಿಂ∕್ ಇ			•	Change	- Addition	
NAME			NAME							
STREET ADDRESS	1	3.3	STREE.	T ADDRESS						
CITY-ST-ZIP		3.4.	CITY-S	ST-ZIP				_		
TITLE		☐ DELETE 4.1	TTLE					☐ Change	Addition	
NAME		4.2	NAME							
STREET ADDRESS		4.3	STREE	T ADDRESS			-		l	
CITY-ST-ZIP	,	44	CITY-S	ST-ZIP						
TITLE			TITLE	 -				☐ Change	☐ Addition	
NAME	·		NAME							
	{			T ADDRESS						
STREET ADDRESS			CITY-S							
CITY-ST-ZIP	·		TITLE	71 - AAF			•	Change	Addition	
TIDE										

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 changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

DELETE