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PROFIT CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 28, 1999 8:00am **Secretary of State**

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DOCUN 1. Corporation	/ENT # G14666				150100	
T. Corporation	AGE BUILDERS, INC.	The state of the s		5 M. 1.0		
DA1 VILL	AGE DUILDEND, INC.	•	,	1 180 MAR 2001 MARK COMPA ANKA DINIA 1881 819)	
Principal Place	of Business	Mailing Address			it alan Aran alan alan alan alan	
18505 PUTTERS	\$256. UK	18505 PUTTERS PL.		1		
TAMPA FL 33647		TAMPA FL 33647		DO NOT WRITE IN TH	HIS SPACE	
				3. Date Incorporated or Qualifed	<u> </u>	
				12/22/1982		
6 Date of all Dis	on of Punings	2a. Mailing Address		4. FEI Number	Applied For	
-	ace of Business	26	4	59-2294732	Not Applicat	ite 🤾
21 Suite, Apt. #	#. etc.	Suite, Apt. #, etc.	1	5. Certificate of Status Desired	\$8.75 Additional	_ \ ^-
22	304	27		3. Certificate of Citatos Boomes	Fee Required	==
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	This corporation owes the current year Personal Property Tax.	intangible ☐ Yes ☐ No	
24	25	29 3	0	10. Name and Address of New Register		
	9. Name and Address of Currer	nt Registered Agent	81 Name	IV. Hame and Heaves		
VEL I	Y, ROBERT A JR	**************************************		The Country is New Assessable)		
	5 PUTTERS PLACE	•	82 Street Add	ress (P.O. Box Number is Not Acceptable)	en de la companya del companya de la companya del companya de la c	
	PA FL 33647		83	100000000000000000000000000000000000000	是有限 (2017年) 建氯磺酸	
(Capit	A 1 E 000 17 (2.5)			· · · · · · · · · · · · · · · · · · ·	2. 85 Zip Code"	2 Ki
	** ** .		84 City	i i	= 	
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes of Florida. Such change was aut	the above-named corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its registere opointment as registered	a
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statutes.			
CICNATURE			da Statutes.	ed when reinstating) / DATE		_ l
SIGNATURE	Signature, typed or printed name of registered age				S AND DIRECTORS IN 12	
CICNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	tegistered Agent signature requin	ed when reinstating) / DATE		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE: R	tegistered Agent signature requin	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	tegistered Agent signature requined 13.	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12	
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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.

6.4 CITY-ST-ZIP

(813) 991-7366