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 # G35989

1. Corporation Name

	·
Principal Place of Business	Mailing Address
95 Palm dr Elbourne BCH, FL 32951	5195 PALM DR MELBOURNE BCH. FL 32951

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90229 007 ***150.00

MARK S	TEVEN CONSTRUCTION,	INC.				6 1401111 ACRE (1101 ALITE 1818	. (Acca cac Arace Ar	e n ala li a li	air Biteir Giart (A&)
			•						
Principal Place	of Business	Ma	ailing Address				l IBILA (BIE BIBE) DI	. . .	111 B1 B11 B1811 18 B1
5195 PALM DR		519	5 PALM DR						
MELBOURNE BCH. FL 32951 MELBOURNE BCH. FL 32951				DO NOT W	RITE IN THIS	SPACE			
						3. Date Incorporated or Qualife			
•						04/27/1983			- (
2. Principal Pt	lace of Business	2a.	Mailing Address			4. FEI Number			Applied For
21	<u>, , , , , , , , , , , , , , , , , , , </u>	26			 -	59-2292985			Not Applicable
Suite, Apt.	#, etc	·	Suite, Apt. #, etc			5. Certifcate of Status Desired			5 Additional Required
City & State			City & State			6. Election Campaign Financin			0 May Be
23		28	ony a oldic			Trust Fund Contribution	⁹ 🗆		ed to Fees
Zip	Country	120,	Zip	Country	,	8. This corporation owes the c	urrent year Inta	ingible	
24	25	29	3	0		Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Regis	tered Agent			10. Name and Address of Nev	Registered A	\gent	
MIHI	LEBACH, MARK STEVEN			81	Name				
	S PALM DR		•	82	Street Add	ress (P.O. Box Number is Not Acce	ptable)		
	BOURNE BCH. FL 32951			83					
				84	City		FL	85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 6	7.1508, Florida Statutes.	, the above	a-named corp	poration submits this statement for t	ne numose of	hanging	its registered
office or re	egistered agent, or both, in the Stat m familiar with, and accept the oblig		la. Such change was auff	honzea by	the comorati	ion's board of directors. I hereby ac	cept the appoir	itment as	registered
SIGNATURE									
	Signature, typed or printed name of registered ag			egistered Ager	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO (DATE DELICEDS AN	DIDEC	TORS IN 12
TITLE	OFFICERS A	IND DIKE	DELETE	1.1 TITLE	$\overline{}$	ADDITIONS/CHANGES TO	ZIT TOLKS AIT	Chang	
NAME	MIHLEBACH, LIANE			1.2 NAME					
STREET ADDRESS	5195 PALM DR.			J	T ADDRESS				
CITY-ST-ZIP	MELBOURNE BCH FL		•	1.4 CITY-S					
TITLE	DP		☐ DELETE	2.1 TITLE				Chan	ge 🔲 Addition
NAME	MIHLEBACH, MARK			2.2 NAME					}
STREET ADDRESS	5195 PALM DR			2.3 STREE	FADDRESS				
- CITY-ST-ZIP	MELBOURNE BCH FL	<u> </u>		2:4 CITY-5	T-ZIP -		1.1 (7,	, , , ,	
TITLE			☐ DELETE	3.1 TITLE		•		Chang	ge 🔲 Addition
NAME	,			3.2 NAME	Ì				ĺ
STREET ADDRESS				3.3 STREE					
CITY-ST-ZIP			☐ DELETE	3.4. CITY-S 4.1 TITLE	ST-ZIP			Chang	ge
TITLE			C) DECETE	4. 2 NAME					,
NAME STREET ADDRESS	n.			4	T ADDRESS				1
CITY-ST-ZIP				4.4 CITY-S					
TITLE			☐ DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·			Chang	ge Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	TADORESS				
CITY-ST-ZIP				5.4 CITY-S	T-ZiP				
TITLE	· · · · · · · · · · · · · · · · · · ·		☐ DELETE	6.1 TITLE		:		Chang	ge 🗌 Addition
NAME				6.2 NAME		1			
STREET ADDRESS				6.3 STREET	TADDRESS				

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.

SIGNATURE