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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

FILED Feb 16 1998 8:00am Secretary of State

	IN GENERAL CONTRACTII	NG, INC.	. p##+d#			
Principal Place	o of Business	Mailing Address	• • • • • • • • • • • • • • • • • • • •	(Iberns and fittl man refel liftle men sign)	itāli kieri erbii ētāli bizir izsi	
5790 S.W. 91		5790 S.W. 91 STREET				
MIAMI FL 33156		MIAMI FL 33156			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified		
				08/12/1983		
2. Principal Place of Business		20. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc		Suite, Apt. #, etc.	····	59-2311889	Not Applicable \$8.75 Additional	
22	#, e10	1 1		6. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Ζιρ	Country	Ž(p)	Country	8. This corporation owes or has paid the	····	
24	25	[29]	30	Personal Property Tax due June 30.	Yes No	
	g. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Register	ed Agent	
LO'	thian, William J.		81 Name			
5790 S.W. 91 STREET			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	·	
MIAMI FL 33156						
			83			
			84 City		85 Zip Code	
					·L `	
SIGNATURE	egistered agent, or both, in the Staten familiar with, and accept the obtinities to be obtinities to be obtinities to be obtinities.		uthorized by the corporida Statutes. : Registered Agent signature re	orporation submits this statement for the purpos ration's board of directors. I hereby accept the a		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12	
TITLE	DP	DELETE	1.1 TITLE		Change Addition	
NAME	LOTHIAN, WILLIAM J		1.2 NAME			
STREET ADDRESS	5790 S.W. 91 STREET		1.3 STREET ADDRESS			
CITY-S1-ZIP	MIAMI FL		1.4 CITY-ST-ZIP			
TITLE	ST	DOETELE	2 1 TITLE		Change Addition	
NAME	LOTHIAN, KATHERINE		2.2 NAME			
STREET ADDRESS	5790 S.W. 91 STREET		2.3 STREET ADDRESS			
CITY-S1-ZIP	MIAMI FL	Flouris	2 4 CITY-ST-ZIP	<u> </u>	C Observed Address	
TITLE		☐ DELETE	3 1 TITLE		Change Addition	
NAME			3 ? NAME			
STREET ADDRESS		•	3.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. DITY-ST-ZIP		Change Addition	
TITLE		[D DETER	4.1 TITLE		The country of the wooding	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TIPLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CHTY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME		_	6.2 NAME		- · -	
STREET ADORESS			6.3 STREET ADDRESS		•	
OTTLE PROUNCSS			CA OTTLE OF TIP			

14. I horeby 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 supplieries that immediate 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 13 if charged, or on an attrictment with an address.

SIGNATURE: