

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90033 025 ***150.00

DOCUMENT # G66968 (0)

1. Corporation Name

RAYMOND J. ANTONUCCI GENERAL CONTRACTORS, INC.

Principal Place of Business

300 N.W. 82 AVE.
#405
PLANTATION, FL 33324

Mailing Address

300 N.W. 82 AVE.
#405
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/27/1983

2. Principal Place of Business

21 300 S. PINE ISLAND RD.

2a. Mailing Address

26 300 S. PINE ISLAND RD.

Suite, Apt. #, etc.

22 SUITE 110

Suite, Apt. #, etc.

27 SUITE 110

City & State

23 PLANTATION, FL

City & State

28 PLANTATION, FL

Zip Country

24 33324 25 U.S.A.

Zip Country

29 33324 30 U.S.A.

4. FEI Number

59-2337637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PLATZER, WILLIAM N.
300 N.W. 82 AVE., #405
PLANTATION, FL 33324

10. Name and Address of New Registered Agent

81 Name

WILLIAM N. PLATZER

82 Street Address (P.O. Box Number is Not Acceptable)

300 S. PINE ISLAND RD.

83

SUITE 110

84 City

PLANTATION

FL

85 Zip Code

33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME ANTONUCCI, RAYMOND J.
STREET ADDRESS 300 N.W. 82 AVE
CITY-ST-ZIP #405 PLANTATION, FL 33324

TITLE ☐ DELETE
NAME ANTONUCCI, ELIZABETH M.
STREET ADDRESS 300 N.W. 82 AVE. #405
CITY-ST-ZIP PLANTATION, FL 33324

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME ANTONUCCI, RAYMOND J.
1.3 STREET ADDRESS 300 S. PINE ISLAND RD., SUITE 110
1.4 CITY-ST-ZIP PLANTATION, FL. 33324

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME ANTONUCCI, ELIZABETH M.
2.3 STREET ADDRESS 300 S. PINE ISLAND RD., SUITE 110
2.4 CITY-ST-ZIP PLANTATION, FL 33324

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH M. ANTONUCCI

Date

Daytime Phone #

CR2E034 (11/98)