## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

H09588 **DOCUMENT #** 

(5)

MICHAEL MLEKO GENERAL CONTRACTOR, INC.

 Principal Place	e of Business	Mailing Address			
C/O MICHAE 8006 PASO FORT PIERC	ROBLES BLVD.	C/O MICHAEL MLEKO 8006 PASO ROBLES FORT PIERCE FL 349	BLVD.		
				<ol> <li>Date incorporated or Qualified 06/26/1984</li> </ol>	3a. Date of Last Report 04/04/1995
<b>Σ.</b> Principat Pla i∐	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-2356891	Not Applica
Constant of	#, ctc	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
		28		Trust Fund Contribution	Added to Fees
$Z_{\Phi}$	Country	Zip	Country	8. This corporation has liability for i	
	25 9. Name and Address of Curren	29 Agest Agest	30	Florida Statutes Yes	
	g, Haine and Address of Contain	t Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
MLEKO.	, MICHAEL				
	ASO ROBLES BLVD.		82 Street Add	dress (P.O. Box Number is Not Acceptable	le)
	PERCE FL 34951		83		
* *	12.102.12.0101				
			84 City		FI 85 Zip Code
GNATURE .		and the Capping Alexand	S.  OIL: Bugistered Agent signature recivir	ed when reinstating!	1/15/96
<b>.</b>	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
(F	MLEKO, MICHAEL	☐ DELETE	1.1 TITLE		Change 🔲 Additio
ZE EEL AUGRESS	8006 PASO ROBLES BLVD		1.2 NAME		
Y-SI ZIF	FT. PIERCE FL		1.3 STREET ADORESS		
r-31, 21.	V	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		Change Addition
Μſ	SHOLANDER, TAMMY		2 2 NAME		F] Olkinge F] Nation
EET ADDRESS	8007 PASO ROBLES BLVD		2 3 STREET ADDRESS		
r ST ZIF	FT PIERCE FL		2 4 GITY - ST - ZIP		
JF	\$	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
Mf	MLEKO, VICTORY		3.2 NAME		
REFT ADDRESS	8006 PASO ROBLES BLVD		3.3 STREET ADDRESS		
Y-St ZiP	FT PIERCE FL	E DELETE	3 4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
LE Me		☐ DELETE	4 1 TITLE		Change Addition
KEET ADDRESS			4.2 NAME		
11 - ST - ZiP			4.3 STREET ADDRESS		
tF		DELETE	4.4 C/TY - ST - ZIP 5 1 TITLE		Change Addition
ME		-	5.2 NAME		☐ Olignide ☐ Produic
REEL ADORESS			5 3 STREET ADDRESS		
Y - ST - ZIF			5 4 CITY - ST - ZIP		
LF.		DELETE	6 1 TITLE		☐ Change ☐ Addition
MF			6 2 NAME		<del>-</del> - <del>-</del>
REFLADORESS			6 3 STREET ADDRESS		
Y-S1-ZIF			6.4 CITY - ST - ZIP		
oatn; that I		al report of supplemental and ration of the receiver of truste	nual report is true and accura se empowered to execute th	for the exemption stated in Section 119.0 ate and that my signature shall have the s ils report as required by Chapter 607, Flo	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHOEL MICKO 1/15/96 407-465-3472

Date Date Confirme Prome 1