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 # H22184

Principal Place of Business Mailing Address 11401 N.W. 27TH ST. PLANTATION FL 33323 2. Principal Place of Business 21 Suite, Apt. #, etc. Principal Place CONTRACTORS, INC. Mailing Address 11401 N.W. 27TH ST. PLANTATION FL 33323 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/21/1984 4. FEI Number 59-2448251 5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State	City & State		6. Election Campaign Fin Trust Fund Contribution	- 11	sing \$5.00 May Be	
23 Zip Country 24 25		Zip 29	30		8. This corporation owes the current year intangible Personal Property Tax. Yes 10. Name and Address of New Registered Agent			•
	9. Name and Address of Current F	tegistered Agent		<u> </u>	10. Name and Address o	T New Registered	a Agent	
HOCH, BRUCE W. 1401 N.W. 27TH STREET PLANTATION FL 33323			· 8	2 Street Addr	ress (P.O. Box Number is Not	Acceptable)	. Alto 1.34 kg	
	TATION 12 GADEO	· · · ·	_	4 City		i de la	85 Zip C	ode
agent, I an	o the provisions of Sections 607.0502 a ggistered agent, or both, in the State of in familiar with, and accept the obligation Signature, typed or printed name of registered agent at	nd title if applicable. (NO	TE: Registered A	7 5.	od when reinstating)	DATE	·	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES	10 OFFICERS A	Change	Addition
TITLE NAME STREET ADDRESS	VPS HOCH, BRUCE W. 11401 N.W. 27TH STREET	☐ DELETE	1.1 TITLI 1.2 NAM 1.3 STRI	-			_ Change	Accident
CITY-ST-ZIP	PLANTATION FL 33323		1.4 CITY	-ST-ZIP	•			
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STREET ADDRESS CITY-ST-ZIP	11401 N.W. 27TH STREET PLANTATION FL 33323		2. 4 CIT	EET ADDRESS (+ST-ZIP	<u> </u>	<u> </u>	Chanda	Addition
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STREET ADDRESS CITY-ST-ZIP	ELABOTE HV SINGA ELABOTE HV SINGA		3.4. CIT	EET ADDRESS Y-ST-ZIP			Change	Addition
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STREET ADDRESS CITY-ST-ZIP '	. NP3			-ST-ZIP	17.000			, ma , a a sa a sa a sa a sa a sa a sa a

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

[] DELETE

TITLE

NAME

STREET ADDRESS

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90007 028 ***158.75

Change ... Addition