## 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 # H56964

FLORIDA BUILDING AND REMODELING, INC.

Principal Place of Business	Mailing Address
450 ASHWOOD PL BOCA RATON FL 33431 US	450 ASHWOOD PL BOCA RATON FL 33431 US

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90046 029 \*\*\*150.00



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Principal Place	of Business	Mailing Address		( ) 20(4)) Bibl Bills Bills Bills Bills Bills Bills Bills Bills Bran eine eine eine eine	
450 ASHWOOD	,	450 ASHWOOD PL			
BOCA RATON F		BOCA RATON FL 33431			
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualifed 05/10/1985	
2. Principal Pl	ace of Business	2a. Mailing Address	1 \ - /	4. FEI Number Applied For	
21 /006	4 Umberland PL	26 10064 Umber	End PL	59-2539007 Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc		5. Certificate of Status Desired 5. See Required	
22		27		Fee Required	
City & State	Ration FL	City & State	n FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
334	28 <sub>25</sub> ∪S	29 33.42_8 30	J U.S	Personal Property Tax. ☐ Yes ☑ No	
==	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
		<del>-</del>	81 Name		
BOROWY, EDWARD J			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
450 ASHWOOD PL				064 Umberland PL	
BOC	A RATON FL 33431		83		
			84 City ()	85 Zip Cgde	
			' 1/5	oca Katon FL 33428	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named o	orporation submits this statement for the purpose of changing its registered	
11. Pursuant to the provisions of Sections 607.1502 and 6					
-	ir janimai mai, and doops are origin			•	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature req		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	BOROWY, EDWARD		1.2 NAME		
STREET ADDRESS	450 ASHWOOD PL		1.3 STREET ADDRESS	10064 Umbetland Th	
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST-ZIP	BOCA Kuton, FL 33428	
ΠTLE		☐ DELETE	2.1 TITLE	Change Addition	
NAME		·	2.2 NAME	A Section Section 19 and 19 an	
STREET ADDRESS		** **	2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Change Addition	
NAME			3.2 NAME	,	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	+	
CITY-ST-ZIP	·		4.4 CITY+ST-ZIP		
TITLE	<del></del>	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE *	HENDER FOR	☐ DELETÉ	6.1 TITLE	☐ Change ☐ Addition	
	10 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.2 NAMÉ	•	
	Car Builde		6.3 STREET ADDRESS		
CITY+ST-ZIP	CONTRACTOR		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:

561-A57-8686