## 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 # H60386

MIKE SINWELSKI CONSTRUCTION. INC.

Principal Place of Business	Mailing Address
376 56TH AVENUE NORTH	6376 56TH AVENUE NORTH
ST. PETERSBURG FL 33709	ST. PETERSBURG FL 33709

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90065 004 \*\*\*150.00



ST. PETERSBUR	RG FL 33709	ST. PETERSBURG FL 33709			DO NOT WRITE IN THIS SE	ACE		
		•			3. Date Incorporated or Qualifed 06/03/1985			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	oplied For	
21		26			59-2466803	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	• -	Additional equired	
City & State	9 '	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country :	Zîp 29 3	Country	/	This corporation owes the current year Intang     Personal Property Tax.	gible Yes	□No	
24	9. Name and Address of Current	<u> </u>	-		10. Name and Address of New Registered Ag	ent		
			81	Name				
TEST	ra, Philip J.		82	Stroot Ad	dress (P.O. Box Number is Not Acceptable)			
4726 B N LOIS AVE			02	82 Street Address (P.O. Box Number is Not Acceptable)				
TAM	PA FL 33614		83					
			84	City	FL	85 Zip	Code	
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes of Florida, Such change was aut tions of, Section 607.0505, Florid	the above horized by ta Statute:	re-named co the corpora s.	proration submits this statement for the purpose of chation's board of directors. I hereby accept the appointment	anging its nent as re	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: R	Registered Age	nt signature requ	uired when reinstating) DATE			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PD	☐ DELETE	1.1 TITLE		L	_ Change	☐ Addition	
NAME	SINWELSKI, MICAHEL	•	1.2 NAME					
STREET ADDRESS	6376 56TH AVENUE NORTH		1.3 STREE	TADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-5	ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			] Change	☐ Addition	
NAME	SINWELSKI, PATRICIA		2.2 NAME					
STREET ADDRESS	6376 56TH AVENUE NORTH	مني دوند مستحديد	2.3 STREE	TADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		L	_ Change	☐ Addition	
NAME			3.2 NAME				ļ	
STREET ADDRESS			3.3 STREE	T ADDRESS			j	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		L	_ Change	☐ Addition	
NAME			4. 2 NAME				1	
STREET ADDRESS			4.3 STREE	TADDRESS			J	
CITY-ST-ZIP			4.4 CITY-5	ST-ZiP		<u> </u>		
ПLE		☐ DELETE	5.1 TITLE			_ Change	Addition	
NAME		•_	5.2 NAME		•			
STREET ADDRESS		÷		ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		706	T & January	
TITLE		☐ DELETE	6.1 TITLE		Ł	Change	☐ Addition	
	Part of Table		6.2 NAME				ţ	
STREET ADDRESS	11. 2 3 5 5 5		1	TADDRESS				
CITY-ST-ZIP :			6.4 CITY-	ST-ZIP				

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.

Sinualski 4-13-98