Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90005 035 \*\*\*150.00

## 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 #

1. Corporation Name

KHIZMAN	CONSTRUCTION, INC.					
Principal Place	of Business	Mailing Address			T INDIABIL ELEN KANN ENEUD HANN KRAP ANN BADIK ANDRA ANDRA BYAN BADIK ANDRA BYAN BADIK ANDRA BYAN BADIK ANDRA	
18841 SERENO	•	18841 SERENOA COURT				
ALVA FL 33920 ALVA FL 33920						
US		US			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					11/07/1985	
Principal Place of Business 2a. Mailing Add			343		4. FEI Number Applied For	
21 26 N. Maple AUR 26 P. O. Br			1303		59-2618803   Not Applicable	
Suite, Apt. : 22 Lewi	gh Acres, Fl.	Suite, Apt. #, etc.	7. 120 A. 000 57 I		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	3	City & State		~ ~	6. Election Campaign Financing \$5.00 May Be	
23 334	736 USA	28 33970	{	<sub>J</sub> SH	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent		-	10. Name and Address of New Registered Agent	
			1	31 Name		
KRIZMAN, MICHAEL J.				32 Street	Address (P.O. Box Number is Not Acceptable)	
18841 SERENOA COURT				26 N. Maple AVE.		
ALVA	X 33920		ſ	33	·	
			ļ.		Lhigh Acres	
=			'	34 City	FL   33936	
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 A	gent signature r	required when reinstating) DATE	
12.	OFFICERS AND		13.	gent aignature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	☐ DELETE	1,1 TITL	E !	☐ Change ☐ Addition	
NAME	KRIZMAN, MICHAEL J.		1.2 NAA		'	
	18841 SERENOA COURT			EET ADDRESS	BG N-MADIE AUC	
STREET ADDRESS					Lehigh Acres Fl. 33936	
CITY-ST-ZIP	ALVA FL DVS	☐ DELETE	2.1 TITL	-ST-ZIP	TChange Addition	
TITLE						
NAME	KRIZMAN, JANICE C.		2.2 NAA		las al assole Alle	
STREET ADDRESS	18841 SERENOA COURT		•	EET ADDRESS	16 N. MAPIC 11 32921	
CITY-ST-ZIP	ALVA FL	- O DELETE		Y-ST-ZIP	26 N. MAPLE AVE Lehigh Acres, F1.33736	
TITLE	Service August A	☐ DELETE	3.1 TITL		Cuarde Diomoni	
NAME			3.2 NAA		<u>,</u>	
STREET ADDRESS			3.3 STR	EET ADDRESS		
CITY-ST-ZIP	- 3-10-3-14-1		_	Y-ST-ZIP		
TITLE	•	☐ DELETE	4.1 TATL	E	Change Addition	
NAME	Note that the second second		4. 2 NA	Æ_		
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NAME	;		5.2 NA	1E		
STREET ADDRESS			5.3 STF	EET ADDRESS	8	
CITY-ST-ZIP				/-ST-ZIP		
TITLE		DELETE	6.1 TITL	E	Change Addition	

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS