**CORPORATION** ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



H86405

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **PROFIT** FLORIDA DEPARTMENT OF STATE

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90102 042 \*\*\*150.00



SOUTHE	AST MILLWORK INCORPO	RATED							
Principal Place	e of Business	Mailing Address				L IMBIREL DIMI IAIEM DIEIT OTO	115 <b>6816</b> 1 8111 81811 8		il diğir girin iba
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<u> </u>	lace of Business	2a. Mailing Address			1	Number		<u> </u>	Applied For
	FAIRWAY /RAIL	26 7500 FAIRWA	y IR	ALC	59	- <u>2605813</u>			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Cer	tifcate of Status Desired	d 🗆	•	Additional Required
City, & State		City & State			6 Fled	ction Campaign Financi	ng	\$5.00	0 May Be ~
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Zip 724	Country	Zip 29 33487 30	Country		1 -	s corporation owes the a sonal Property Tax.	current year Int	angible □ Yes	□No
24 357	9. Name and Address of Curren		1			me and Address of Ne	w Registered		
<del>.</del>		it Registered Agent	81	Name					
PRONYK, RONALD			82	Street A	ddress (P.O. E	Box Number is Not Acc	eptable)	· .	
	) NW 1ST CT. A RATON FL 33432		83						
	V 10 11 011 12 00 102				=	· 	·	/os 7:-	Codo
			84	City			FL	.   '  `	Code
						of discourse I becoby a	+	atmost oc	
office or re agent. I an SIGNATURE	to the provisions of Sections 607.050 egistered agent or both, in the state m familiar with and accept the doliga	Harry			quired when reinstat	ting)	DATE	17	
	Signature typed of printed name of registered ages	Harry			quired when reinstat	•	DATE	17	
SIGNATURE	Signature typed of printed name of registered ages	nt and title if applicable. (NOTE: Reg	istered Agent		quired when reinstat	ting)	DATE	17	FORS IN 12
SIGNATURE	Signature (speed of printed name of registered ages OFFICERS AN	nt and title it opicable. (NOTE: Reg	istered Agent		quired when reinstat	ting) ITIONS/CHANGES TO	OFFICERS AN	ID DIRECT	FORS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	P PRONYK, RONALD J. 133-C N.W. 16TH STREET BOCA RATON-FL VTS	nd and title (Lappicable, (NOTE: Reg ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	t signature red	ADD  7.500  ROCA	ITIONS/CHANGES TO  FAMWAY  Paton, Fla	OFFICERS AN	ID DIRECT Change	FORS IN 12
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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, of an attachment with an address, with all other like empowered.

SIGNATURE: