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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H94141**

1. Corporation Name

	PASS CONSTRUCTION CO	UNPUNATION		-				
Principal Plac	e of Business	Mailing Address			- 1 1001011 0130 HELLI BIBOL HI	DJE DED DE 1301 DED 11 1		HANN MENTE LAND
8482 SE ROYA		8482 SE ROYAL ST			•			
CUITE 205 - CUITE 205							•	
HOBE SOUND FL 33455 HOBE SOUND FL 33455					WRITE IN THIS	SPACE		
US		US			3. Date incorporated or Qual	itea		
0.00-1-1-1	N	D- Mailing Address			01/15/1986 4. FEI Number		شدا	plied For
<u> </u>	Place of Business	2a. Mailing Address					<u> </u>	t Applicable
Suite, Apt.	# etc	26 Suite, Apt. #, etc.			59-2630014		\$8.75 A	
⊢ , ''	, w, etc.	27			5. Certificate of Status Desire	d 🗆	Fee Re	
City & Stat	te .	City & State			6. Election Campaign Finance	ina	\$5.00	
23		28			Trust Fund Contribution	"" ⁹ 🗆	Added t	•
Zip	Country	Zip	Country		8. This corporation owes the	current vear In	angible	
24	25	29	30		Personal Property Tax.	,		ŪNo .
,	9. Name and Address of Curr				10. Name and Address of No	ew Registered	Agent	
			81 1	lame			•	'
	RN, TERRY W.		82 S	treet Addre	ss (P.O. Box Number is Not Acc	eptable)		
	2 SE ROYAL ST		[90]					
HOE	BE SOUND FL 33455		83					
			84 C	City			85 Zip C	Code
	<u></u>					FL	<u>. </u>	
- #F	to the provisions of Sections 607.00 egistered agent, or both, in the Stat	te of Florida. Such change was au	thorized by the	corporation	n's board of directors. I hereby a	ccept the appoi	ntment as reç	gistered
agent. I a SIGNATURE	Signature, typed or frinted name of registered a	gent and title if applicable. (NOTE:	Cry U Registered Agent sig). No	when reinstating)	2/13 OKTE	199	
agent. I a SIGNATURE	Signature, typed or lighted name of registered a	fations of, Section 607.0505, Fior	evm U). No	urn Per.	2/13 OKTE	199	
SIGNATURE 12. TITLE	Signature, typed or frinted name of registered at OFFICERS A	gent and title if applicable. (NOTE:	Registered Ayent sig). No	when reinstating)	2/13 OKTE	44 ND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or frinted name of registered at OFFICERS A	gent and title if applicable. (NOTE:	Registered Agent sig 13. 1.1 TITLE). Na	when reinstating)	2/13 OKTE	44 ND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or frinted name of registered at OFFICERS AT P NAIRN, TERRY W. 8482 SE ROYAL ST	gent and title if applicable. (NOTE:	Registered Agent sg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD	DRESS	when reinstating)	2/13 OKTE	44 ND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or frinted name of registered at OFFICERS A	gent and title if applicable. (NOTE:	Registered Agent sig 13. 1.1 TITLE 1.2 NAME	DRESS	when reinstating)	2/13 OKTE	44 ND DIRECTO	PRS IN 12
Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or frinted name of registered at OFFICERS AT P NAIRN, TERRY W. 8482 SE ROYAL ST	gent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent sig 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI	DRESS	when reinstating)	2/13 OKTE	ND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or frinted name of registered at OFFICERS AT P NAIRN, TERRY W. 8482 SE ROYAL ST	gent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent sig 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZH 2.1 TITLE	DRESS	when reinstating)	2/13 OKTE	ND DIRECTO	PRS IN 12
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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 is 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 conforation or the receiver of 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 manged, or on an attention with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

2/13/99 (561) 546-5634