

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90232 005 ***150.00

DOCUMENT # H98811

1. Corporation Name

TRUE CUT CONSTRUCTION, INC.

Principal Place of Business

% MICHAEL PETZ
11090 DELTA CIRCLE
BOCA RATON FL 33428

Mailing Address

% MICHAEL PETZ
11090 DELTA CIRCLE
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1986

4. FEI Number

59-2677746

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Patricia A Petz

Suite, Apt. #, etc.

22 11090 Delta Circle

City & State

23 Boca Raton, Fla.

Zip

24 33428

Country

25 U SA

2a. Mailing Address

26 11090 Delta Circle

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30 Boca Raton

9. Name and Address of Current Registered Agent

PETZ, PATRICIA A.
11090 DELTA CIRCLE
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME PETA, PATRICIA A
STREET ADDRESS 11090 DELTA CIRCLE
CITY-ST-ZIP BOCA RATON FL

TITLE TS ☐ DELETE

NAME PETA, TIMOTHY
STREET ADDRESS 11090 DELTA CIRCLE
CITY-ST-ZIP BOCA RATON FL

TITLE P ☒ DELETE

NAME Michael A Petz
STREET ADDRESS 11090 Delta Circle
CITY-ST-ZIP Boca Raton, Fla. 33428

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME s/t
1.3 STREET ADDRESS Wendy A Petz
1.4 CITY-ST-ZIP 11090 Delta Circle
Boca Raton, Fla 33428

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME Timothy A Petz
2.3 STREET ADDRESS 11090 Delta Circle
2.4 CITY-ST-ZIP Boca Raton, Fla. 33428

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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: *Michael A Petz* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

Date

561-479-2837

Daytime Phone #

CR2E034 (1/1/98)