

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J08315** (0)
1. Corporation Name
FEKANY BUILDERS, INC.

Principal Place of Business % MARK FEKANY 2120 DYAN WAY MAITLAND FL 32751	Mailing Address % MARK FEKANY 2120 DYAN WAY MAITLAND FL 32751
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/09/1986	
				4. FEI Number 59-2666972 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent FEKANY, MARK 32751 MAITLAND FL 32789		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	
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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		(NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	DC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition							
NAME	FEKANY, MARK		1.2 NAME								
STREET ADDRESS	2120 DYAN WAY		1.3 STREET ADDRESS								
CITY-ST-ZIP	MAITLAND FL		1.4 CITY-ST-ZIP								
TITLE	PS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition							
NAME	FEKANY, DONNA		2.2 NAME								
STREET ADDRESS	2120 DYAN WAY		2.3 STREET ADDRESS								
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP								
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition							
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP			3.4 CITY-ST-ZIP								
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition							
NAME			4.2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS								
CITY-ST-ZIP			4.4 CITY-ST-ZIP								
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition							
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP								
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition							
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								
CITY-ST-ZIP			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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0071864

CR2E034 (1097)