05-07-1999 90114 013 \*\*\*163.75

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J12404

1. Corporation Name

E. 1. CC	DNSTRUCTION, INC.					
Deinsinal Diag	o of Division	Mailing Address				ANT BY BAN DIGHT HODE
Principal Place of Business Mailing Address						
3354 17TH ST   3354 17TH ST   SARASOTA FL 34235-8904						
US US				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	
_					05/01/1986	
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21 26				59-2723100	Not Applicable	
		Suite, Apt. #, etc.			E Cortifonto of Statue Decired NA	5 Additional Required
22 27 City 8 State				1.01		
		City & State			132	00 May Be ed to Fees
Zip     Country     Zip		<del></del>	Country		This corporation owes the current year Intangible	ed to rees
24 .	25 29 30		_ `		Personal Property Tax.	□No
24 /	9. Name and Address of Currer		<del>'</del>		10. Name and Address of New Registered Agent	
			81	Name		
MANDELL, BRAD S			82	Chun at A de	House (D.O. Boy Niverbox in Not Accountable)	
3354 17TH ST			82	Street Add	dress (P.O. Box Number is Not Acceptable)	İ
SARASOTA FL 34235			83			
			04	0.	To-L	in Code
			84	City	FL  85  <sup>2</sup>	tip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above	-named cor	rporation submits this statement for the purpose of changing	its registered
office or n agent. I a	egistered agent, or both, in the State om familiar with, and accept the obliga	of Florida. Such change was auth tions of, Section 607.0505, Florida	orized by a Statutes	the corporat	tion's board of directors. I hereby accept the appointment a	s registered
SIGNATURE	•					}
SIGNATORE	Signature, typed or printed name of registered age		<u> </u>	ıt signature requii	ired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE	CD	C) DELETE	1.1 TITLE		Char	geAudition
NAME	MANDELL, SAUL		1.2 NAME			1
STREET ADDRESS	3354 17TH ST		1.3 STREET	ì	ウィノフラグ	Į.
CITY-ST-ZIP	SARASOTA FL	□ DELETE	1.4 CITY-ST-ZIP		34235 □Char	ge
TITLE	VD	☐ DETE15	2.1 TITLE		Chair	ge
NAME	MANDELL, BRAD		2.2 NAME			
STREET ADDRESS	3354 17TH ST		2.3 STREET	1	34235	
CITY-ST-ZIP	SARASOTA FL	DELETE	2:4 CITY-ST-ZIP		74.78 □ Chan	ge Addition
TITLE	PD MANDELL TOOD	ليا محدداد				- C.14411517
NAME	MANDELL, TODD 3354 17TH ST		3.2 NAME	ADDDESS		
STREET ADDRESS	SARASOTA FL		3.3 STREET	ļ	34235	
CITY-ST-ZIP	TDS	☐ DELETE	3.4. CITY-S 4.1 TITLE	1-219		ge
NAME	MANDELL, EVELYN		4. 2 NAME			
STREET ADDRESS	1 · · ·		4.2 NOWL	ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		34235	
TITLE	SD	☐ DELETE	5.1 TITLE		Chan	ge Addition
NAME	HOWARD, WENDY		5.2 NAME			- 1
STREET ADDRESS	3354 17TH ST		5.3 STREET ADDRESS			
			5.3 STREET	ADDRESS		į
CITY-ST-7IP			5.3 STREET		34235	
CITY-ST-ZIP	SARASOTA FL	DELETE	ľ		34 235	ge 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 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 changed, or the first part of the corporation of the receiver of trustee empowered in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered in Block 12 or Block 13 if changed, or the first part of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of trustee empowered in the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of trustee empowered in the corporation of the receiver of trustee empowered in the corporation of the receiver of trustee empowered in the corporation of the receiver of trustee empowered in the corporation of the corporation of the receiver of trustee empowered in the corporation of the receiver of trustee empowered in the corporation of the corpo

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

941-366-2554

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