**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #** 112056

1. Corporatio	BACKHOE SERVICE, INC.	J					
Principal Plac	e of Business	Mailing Address			(	01: 0:011 <b>016</b> 11 <b>9</b> 1911 1	91811 B1B11 18P1
18460 N.E. 23CT N. MIAMI BCH. FL 33160  18460 N.E. 23CT N. MIAMI BCH. FL 33160					DO NOT WRITE IN T  3. Date Incorporated or Qualified	HIS SPACE	
				ļ	05/13/1986		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-2683355		plied For t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		·	5. Certificate of Status Desired	\$8.75 A	
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip <b>24</b>	Country 25	Zip 29 30	Country		<ol><li>This corporation owes the current year Personal Property Tax.</li></ol>	Intangible  Yes	□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Register	ed Agent	
SINGER, BERNARD A., ESQ. 2021 TYLER ST. HOLLYWOOD FL 33020			81 Name		s (P.O. Box Number is Not Acceptable)		
			83	· · · · · ·	<u> </u>		·· <del>·</del>
			84 City			<b>L</b> 85 Zip (	
office or r	edistered agent, or both, in the Stat	502 and 607.1508, Florida Statutes, the of Florida. Such change was author gations of, Section 607.0505, Florida 3	izea ov tne coi	ed corpora rporation'	ation submits this statement for the purpose s board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered at	goat and this if applicable /NOTE: Paris	tered Agent signatur	re required w	hen reinstating) DATE		
12.		<u> </u>	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PST		1.1 TITLE			☐ Change	☐ Addition
NAME	WANDER, ROBERT		1.2 NAME				
STREET ADDRESS	16234 N.E. 9TH COURT N. MIAMI BCH. FL		I.3 STREET ADORES I.4 CITY-ST-ZIP	SS			
CITY-ST-ZIP TITLE	14. IVARAGINI DOTI: TE		2.1 TITLE		•	☐ Change	☐ Addition
NAME		_	2.2 NAME		•	_ •	_
STREET ADDRESS		:	2.3 STREET ADDRES	ss			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				-
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS		1:	3.3 STREET ADDRES	SS			
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP		***************************************		□ Addition
TITLE			1.1 TITLE			Change	☐ Addition
NAME			1. 2 NAME				
STREET ADDRESS		Ţ·	1.3 STREET ADDRES	SS			•
CITY-ST-ZIP		F73	1.4 CITY-ST-ZIP	+		☐ Change	Addition
TITLE			S.1 TITLE			□ Citalige	
NAME			5.2 NAME 5.3 STREET ADDRES		•		}
STREET ADDRESS				~			
CITY-ST-ZIP		<b>U</b> :	5.4 CITY-ST-ZIP	1			

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 arrattachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS

☐ DELETE

Change

Addition

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90029 028 \*\*\*150.00