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**

JOCUMENT # **J50432**

M & V BUILDERS, INC.

Mailing Address

--- Duskin ave.

Principal Place of Business

1315 DUSKIN AVE

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90057 001 ***158.75



- WINA FL	12839-2601 OHLANDO FL 32839-28 US					DO NOT WRITE IN THIS SPACE		
• •	••					3. Date Incorporated or Qualifed		
						12/29/1986	:	
2. Principal Place of Business 2a.			Mailing Address			4. FEI Number	Applied For	
1 ,		26				59-2753449	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			I & Cortificate of Statue Desired in	8.75 Additional Fee Required	
<u>:</u>		27						
City & St	ate ~	28	City & State				5.00 May Be Added to Fees	
Zip				Country		8. This corporation owes the current year Intangib Personal Property Tax.		
9. Name and Address of Current Registered Agent				<u> </u>	10. Name and Address of New Registered Agent			
	3. (10.110 2.1.2 / 10.10 3			8	1 Name		-	
MUCHA, DIANA V 1315 DUSKIN AVE				8	2 Street	Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32839			8	3				
		*44%	entimen ma	8	4 City	FL)85	Zip Code	
	nt to the provisions of Sections 607.05 r registered agent, or both, in the State am familiar with, and accept the oblig					corporation submits this statement for the purpose of chan oration's board of directors. I hereby accept the appointmen	ili as registered	
SIGNATURI	Ē							
	Signature, typed or printed name of registered ag			13.	ent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12	
12.				7.3. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
πLE	DPS		□ octete	1.1 1111.6	•]		

SI 12 TITI 1.2 NAME MUCHA, DIANA V. NAME 1315 DUSKIN AVE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE mLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP _ Change_ ☐ Addition _ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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:

ARUHUKAIN ESLISUMNIK

(407)438-011

CR2E034

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