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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

FILED Apr 19, 1999 8:00 am Secretary of State 04-19-1999 90076 037 ***150.00

| | NSTRUCTION CO., INC. | | | | | |
|--|--|---|--|---|---|--|
| Principal Place | of Business | Mailing Address | | ם יותנו וסתום יותנת נונעס וווום וסנע סוווסטו ו | inia ginia digir digir di | 91) 91911 (99) |
| 475 FLORA CRE LAKE MARY FL | | 475 FLORA CREEK CT. LAKE MARY FL 32776 | | DO NOT WRITE IN 1 | THIS SPACE | |
| US | | บร | | 3. Date Incorporated or Qualifed | THO OF AGE | |
| | | | | 12/29/1986 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address (| | 4. FEI Number | Apr | olied For |
| 21 539 | | e 26 5399 Shot | reline Circ | le 59-2758069 | ——— <u>···</u> | Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | 1 | | \$8.75 A | dditional |
| 22 San | ford Fl. | 27 Sanford, | · }_ [· | 5. Certificate of Status Desired | Fee Rec | quired |
| City & State | | City & State | 0 1 | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 327 | 11 Seminole | 28 28 | <u>-Seminole</u> | Trust Eund Contribution | Added to | Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year | | |
| 24 | 25 | | 30 | Personal Property Tax. | | □ No |
| | 9. Name and Address of Currer | nt Registered Agent | 81 Name | 10. Name and Address of New Registe | rea Agent | |
| WF17 | MAN, HANAN | | I Vallie | Weizman Hanan | | |
| 475 FLORA CREEK CT. | | | 82 Street A | ddress (P.O. Box Number is Not Acceptable) | | |
| | MARY FL 32746 | | 83 5.3 | 199 Shoreline Circl | <u>e</u> | |
| | | | " Sa | enford | 34 | 771 |
| | | | 84 City | | FL 85 Zip C | ode |
| 48 0 | | 22 and CO7 4509 Florida Ctatuta | a the above served s | corporation submits this statement for the purpos | | registered |
| TI. Pursuani i | to the provisions of Sections 607.050 | of Florida, Such change was all | thorized by the corool | ration's board of directors. I hereby accept the a | ppointment as reg | jistered |
| office or re | sylstered agent, or both, in the State | or i lorida. Oden change mas au | | | | |
| office or re | n familiar with, and accept the obliga | itions of, Section 607.0505, Flori | da Statutes. | | | |
| office or re agent. I an | n familiar with, and accept the obliga | ntions of, Section 607.0505, Flori | da Statutes. | | | |
| office or re agent. I an | n familiar with, and accept the obligation of registered age | nt and title if applicable. (NOTE: | da Statutes. Registered Agent signature re | quired when reinstating) DAT | <u> </u> | - <u> </u> |
| office or reagent. I an SIGNATURE | n familiar with, and accept the obligation of th | ntions of, Section 607.0505, Flori | da Statutes. Registered Agent signature re 13. | quired when reinstating) ADDITIONS/CHANGES TO OFFICER: | <u> </u> | RS IN 12 |
| office or reagent. I an SIGNATURE | n familiar with, and accept the obligation of registered age OFFICERS AN | nt and title if applicable. (NOTE: IND DIRECTORS | da Statutes. Registered Agent signature re 13. 1.1 ΠΤΙΣΕ | Quired when reinstating) ADDITIONS/CHANGES TO OFFICER: | E S AND DIRECTO | RS IN 12 |
| office or reagent. I an SIGNATURE 12. TITLE NAME | on familiar with, and accept the obligations of registered age OFFICERS AN PTD WEIZMAN, HANAN | nt and title if applicable. (NOTE: IND DIRECTORS | da Statutes. Registered Agent signature re 13. 1.1 ΠΤΙΣΕ | Quired when reinstating) ADDITIONS/CHANGES TO OFFICER: | E S AND DIRECTO | RS IN 12 |
| office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered age OFFICERS AN PTD WEIZMAN, HANAN 475 FLORA CREEK CT. | nt and title if applicable. (NOTE: IND DIRECTORS | Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | aulired when reinstating) ADDITIONS/CHANGES TO OFFICER: PTD WEIZMAN, HANAN 6399 Shoreline Circle | E S AND DIRECTO | - <u> </u> |
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| office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered age OFFICERS AN PTD WEIZMAN, HANAN 475 FLORA CREEK CT. LAKE MARY FL | nt and title if applicable. (NOTE: I) ND DIRECTORS | Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | ADDITIONS/CHANGES TO OFFICER: PTD WEIZMAN, HANAN 5399 Shoreline Circle Sanford, Fl. 32771 5 | E S AND DIRECTOI I⊋Change I⊋Change | RS IN 12 |
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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.

CR2E034 (11/98)