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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

对外的情報中的技术并是被理解,不能理解,但是是一种的一种,也可以把握他的一个人,也可以是一个人,也可以是一个人,也可以是一个人,也可以是一个人,也可以是一个人,



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # J56923 (2)

WEST COAST PRECAST INC.

	•		
:	Principal Place of Business	Mailing Address	
	% MIESJE FLACH 1921 ANGELERS LANE LUTZ FL 93549	% MIESJE FLACH 1321 ANGELERS LANE LUTZ FL 33549-5009	

## **FILED** Apr 21 1997 8:00am Secretary of State



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% MIESJI 1921 ANG LUTZ FL	ELERS LANE		18	MIESJE FLACH 321 ANGELERS LANE JTZ FL 33549-5009					<u>,                                      </u>			
				•				3. Date Incorporated or Qualified 02/07/1987	3a. Dat 04/(			eport
· · · · ·	al Place of Busine	SS	<u> </u>	Mailing Address				4. FEI Number 59-2765971	1	-	Ap	plied For
21	Apt. #, etc.		26	Suite, Apt. #, etc.				39-2/039/1			$\overline{}$	t Applicable
22	Apr. w. etc.		27	Suite, Apr. #, etc.				5. Certificate of Status Desired				Additional quired
City &	State			City & State				6. Election Campaign Financing		\$5	.00	May Be
23			28					Trust Fund Contribution				o Fees
Zip		Country		Ζıp	Cour	ntry		8. This corporation has liability for i	ntangible t	ax un	a reb	199.032,
24	2		29		30	_		Florida Statutes	Yes [	No.		
	9. Name a	nd Address of Curr	ent Regis	tered Agent				10. Name and Address of New Re	gistered A	gent		
	Flach, Miesje				-	81	Name					
4 - 2	Flach, Gerari 1321 Anglers				ļ	82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)			
* , ** ,	LUTZ FL 33549	DAME				83			<del></del>			
					<u> </u>	84	City		FL	85	Zip (	Code
dd Dime	and the district of the			07.4500 51						لمل		
11. Purse office	iant to the provision or registered age	ns of Sections 607.05 nt, or both, in the Sta	te of Flori	07.1508, Florida Stati da, Such chango was	ates, the ab authorized	юvе Гbv	e-named corp The corporat	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of It the appo	chang intme	iing iti at as	s régistered registered
agen	t. I am familiar with	i, and accept the obli	igations o	f, Section 607.0505, F	Torida Statu	≀tes	š.					
SIGNATU	RE Signature, typed o	r printed name of registered a	ocal and litte	If anolicable ZNC	DE Bonistered	Aper	nt signature regul	red when reinslating)	DATE			
12.		OFFICERS A			13.			ADDITIONS/CHANGES TO OFFIC		DIREC	CTOR	S IN 12
TITLE	D			☐ DELETE	1,1 101	LE				Ch		Addition
NAME :	FLACH, M	IESJE			1.2 NA	ME					•	
STREET ADD		LERS LANE					ADDRESS					
CITY-ST-ZIF	LUTZ FL				1.4 CIT							
TITLE	D			DELETE	2.1 3111	•	1-211		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Ch	anne	Addition
NAME	FLACH, G	ERARD		_	2.2 NAN							
STREET ADD		LERS LANE					ADDRESS					
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							ADDRESS					
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1.					4. 2 NA		1505555					
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NAME					5.2 NAN							
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NAME	May I had				6.2 NAt	ME						
STREET ADDR	ESS				6.3 STR	REE1 A	ADDRESS					
CITY+ST+ZIP	1 '				64 011	v. 91	1.710					

I do 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.