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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J67673 1. Corporation Name

ORLANDO FIXTURING AND CONSTRUCTION, INC.

Principal Place of Business Mailing Address					E IRRANIO BINO RÍNIN NORSE DA	II (Fabb IIII a lbis b	fall gladi atali	. 1 81016 05031 1 06 5
1040 W. AMELIA AVE		1040 W. AMELIA AVE					•	
ORLANDO FL 32805		ORLANDO FL 32805	ORLANDO FL 32805		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Quali		SPACE	
					04/13/1987			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		. A	pplied For
21		26			59-2795952			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desire	d 🔟	•	Additional	
City & State		City & State					Required	
23		28		6. Election Campaign Finance Trust Fund Contribution	^{ing} □	-	May Be to Fees	
Zip	Country	Zip	<u> </u>		8. This corporation owes the	current year Int		
24	25	29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of No	w Registered	Agent	
FIFA	MING, ANDREW J.		81	Name				
1040 W. AMELIA AVE			82	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32805	•	. 83			726 4 F184 4	#1 300 a 100 €	V. 48 FMH (38)
							排列数	
			84	City		FL	85 Zip	Code '
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,			es, the above	-named corpo	oration submits this statement for	the purpose of	changing it	s registered
					n's board of directors. I hereby a	ccept the appoi	ntment as r	edistered .
	egistered agent, or both, in the State m familiar with, and accept the obliga					,		ogioto, ou
	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statutes.					ogisto, ou
agent. I a	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Florent and title if applicable. (NOTE:	Registered Agen		when reinstating)	DATE	D DIRECTI	
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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 of 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 trusted employmental 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.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

407- 4221285

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90027 020 ***158.75