FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(3)

MICR LITHLITY CONTRACTORS, INC.

MON OTILITI CONTINO	10, 110.				
Principal Place of Business	Mailing Address				
5625 JOHNSON ST.	5625 JOHNSON ST.				



5625 JOHNSON ST. HOLLYWOOD FL 33021			5625 JOHNSON ST. HOLLYWOOD FL 33021							
						3. Date Incorporated or Q 11/23/1988	ualified	3a. Date of I 05/	ast Re 01/19	
	ace of Business	2a. Mailing				4. FEI Number	··		h	pplied For
	AME		446	···		65-0084592				lot Applicable
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.			5. Certificate of Status De	sired	\$		Additional lequired
City & State	е	City & S	State			6. Election Campaign Fina Trust Fund Contribution	-	_ :		May Be I to Fees
Ziρ	Country	Zφ		Country		8. This corporation has lia	bility for in	tangible tax ur	nder s	199.032,
24	25	29	30			Florida Statutes	Yes			
	g. Name and Address of Cur	rent Registered Ag	gent	-		10. Name and Address of	I New Re	gistered Age	nt	
				81	Name					
	ISTEIN, MIKE			82	Street Add	ress (P.O. Box Number is Not A	Acceptable)		
	JOHNSON ST.			83						
HOLL	YWOOD FL 33021			03						
				64	Crty			FL	5 Z(p	Code
11 Durauant	to the provisions of Sections 607.0	502 and 607 1508 I	Finding Statutes, the a	above i	named como	ration submits this statement fo	r the purp		no its n	eaistered offici
familiär w SIGNATURE:	Signatino Hyperbior prodest name of registeriors	कुलार का ता the ती बाग्न है। को त		ered Agr	d Sylvatere regions	od when real shifting?	4.29	E)ATE		
12.		AND DIRECTORS		3.	r	ADDITIONS/CHANGES	TO OFFIC			
TITLE	PCD	Ĺ		1 THE					hange	Add tion
NAMÉ	RUBINSTEIN, MIKE 5625 JOHNSON ST.			2 NAME						
STREET ADDRESS	HOLLYWOOD FL 33021				ADDRESS					
CITY-ST-Z:P	HOLLIHOOD IL 33021			4 CHY-5	51 · ZIP			Г	hange	Addition
NAME		-		2 NAME					·	
STHEET ADDRESS					ADDRESS					
CITY - ST - ZIP			2	4 City-S	ST-Z-P					
THTLE			DELFTE 3	1 TITLE					hange	Addition
NAME			3	2 NAME						
STREET ADDRESS			3	3 STREE	T ADDRESS					
CITY - ST-ZIP				4 City - S	ST - ZIP					[] Add:
TITLE		L	7	1 TITLE				Ц	hange	Addit-on
NAME				2 NAME	, ADODGCG					
STREET ADDRESS				3 STREE 4 CITY-5	T ADDRESS					
CITY+ST+ZIP TITLE	 			1 TITLE	21-41	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		П	hange	Add-tion
NAME		C	-	2 NAME					•	
STREET ADDRESS					r Address					
CITY - ST - ZIP				4 CHY-1						
TITLE				1 TITLE		TOT . COMMISSION			nange	☐ Addition
NAME			6	2 NAMÉ						
STREET ADDRESS			6	3 STHEE	r address					
CHTY - ST - ZIP			6	4 CITY -:	ST-ZiP					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 trusted 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

4.29.96 (954) 981.1444