PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K63148

1. Corporation Name

EAST COAST MODULAR CONSTRUCTION, INC.

LAUT OC	AST MODULATIONS							
Principal Place	of Business	Mailing Address			(1,55(3)) 515 (116)	J. 1511 61611 61511		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
% GARLAND GOLDSTON		% GARLAND GOLDSTON						
11411 KAZIMER ORLANDO FL 3		11411 KAZIMER DRIVE ORLANDO FL 32837-9044		DO NOT WRITE IN THIS SPACE				
OND 112 SECONSON					3. Date Incorporated or Qualifed			_
					01/30/1989			
Principal Place of Business 2a. Mailing Address					4. FEI Number			lied For
21 6453 S	ORANGE AVE STE 1				59-2927651			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired .	\mathcal{X}	\$8.75 A	
22		27		*		Fee Req		
City & State		City & State		6. Election Campaign Financing		\$5.00 N Added to		
23 ORLAND		28 ORLANDO FL		Trust Fund Contribution			rees	
Zip	Country	Zip	Country		 This corporation owes the current Personal Property Tax. 			√Z]No
²⁴ 32809	9. Name and Address of Current	29 2809 30	'LUŞ		10. Name and Address of New R			
	9. Name and Address of Current	Registered Agent	81	Name	TO. Hallie and Fladicus of However	-g		
GOL	DSTON, GARLAND							
	1 KAZIMER DRIVE		82	Street Ad	dress (P.O. Box Number is Not Acceptal	ole)		
	ANDO FL 32821		83					
5.,_				4501	ALBRITTON ROAD			
			84	City	AINT CLOUD	FL	85 34 C	92°
office or re agent. I as SIGNATURE	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was auth- ions of, Section 607.0505, Florida	onzed by Statutes	tne corpora ·	rporation submits this statement for the partition's board of directors. I hereby accept	purpose of ch t the appointr	ianging its r nent as reg	egistered istered
	Signature, typed or printed name of registered agen		gistered Ager	t signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12
12.	OFFICERS AN	DELETE	1.1 TITLE		7,2017,010,0		Change	Addition
TITLE	_		1.2 NAME					
NAME	11411 KAZIMAR DR		1.3 STREET	ADDRESS				
STREET ADDRESS	ORLANDO FL		1.4 CITY-S		4501 ALBRITTON ROAD			
CITY-ST-ZIP TITLE			2.1 TITLE	1-21	ST-CLOUD FL 34772	7	Change	Addition
NAME	GOLDSTON, GARLAND			ĺ				
STREET ADDRESS	11411 KAZIMER DR.		2.3 STREET	ADDRESS	4501 ALBRITTON ROAD			. }
	ORLANDO FL	er er er er	2. 4 CITY-S		ST CLOID FL 34772			
CITY-ST-ZIP =	ONLINE TE	☐ DELETE	3.1 TITLE		51 CHOOL DD 34//2	- 1	Change	Addition
NAME		•	3.2 NAME			•		
STREET ADDRESS			3.3 STREE	FADORESS .				\
CITY-ST-ZIP			3.4. CITY- 9	T-ZIP		_		
TITLE		DELETE	4.1 TITLE			-	☐ Change	☐ Addition
NAME	,		4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS	·			}
CITY-ST-ZIP			4,4 CITY-S	T-ZIP	_			
TITLE		☐ DELETE	5.1 TITLE	·			☐ Change	☐ Addition
NAME			5.2 NAME					,
STREET ADDRESS			5.3 STREE	ADDRESS				j
CITY-ST-ZIP	·		5.4 C/TY-S	T-ZIP				
TITLE	-	☐ DELETE	6.1 TITLE		•		Change	☐ Addition
NAME			6.2 NAME					}
STREET ADDRESS			6.3 STREE	TADDRESS				}

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 en bowared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change in on an attachment with an address. With all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SARLANDO GOLDSTON, PRESIDENT 407-857-6337

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90059 004 ***158.75