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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K88674

STREET ADDRESS

PROFESSIONAL CONCRETE CUTTERS, INC.

Principal Plac	e of Business		Ma	ailing Address							
10440 PIPER D				440 PIPER DR							
NEW PORT RICHEY FL 34654				NEW PORT RICHEY FL 34654 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
			US								
								05/16/1989	oi, Quaineu	,	
2. Principal Place of Business			2a.	2a. Mailing Address				4. FEI Number Applied For			pplied For
21			26	26				59-2950025	,		ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status	Desired		Additional
22			27							Fee R	tequired -
City & State				City & State				6. Election Campaign Financing \$5.00 May Be			
23			28					Trust Fund Contrib	ution	Added	to Fees
Zip		Country		Zip		untry		8. This corporation ov	7.5%		<u> </u>
24	2	<u> </u>	29		30	· · · · · · · · · · · · · · · · · · ·		Personal Property		Yes	□No
	9. Name a	nd Address of C		tered Agent		04 1		10. Name and Addres	s of New Register	ed Agent	
IOH	ANICONI LIANG		•			81 Nam	ne				
JOHNSON, HANS R. PRO10440 PIPER DRIVE CASTS CHITTE: NEW PORT RICHEY FL 34654			177E3S. 1	78. MG.		82 Street Addr		ress (P.O. Box Number is Not Acceptable)			
			4,71,41					en, eng proposage	4 (\$15 ) 7 (15 (4 4) \$4.9 (15)		1 4480 NOBLE (TO
MEA	N PURI RICH	E1 FL 34034				83					10
						84 City		* #. **** \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	21 2 1 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip	Code
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11. Pursuant	to the provision	ns of Sections 60	7.0502 and 6	07 1508, Florida St	atutes, the a	bove-nam	ed corpo	pration submits this stater	nent for the purpose	of changing it	s registered
				da. Such change wa , Section 607.0505,			orporation	n's board of directors. I h	егеру ассерт ше ар	pomanem as n	egistered
agona . c		, and a secope		,							.
CONTRACT											
SIGNATURE	Signature, typed or	printed name of register	ed agent and title	if applicable. (N	IOTE: Registered	d Agent signatu	ure required	when reinstating) > ( \$\frac{1}{2} \frac{1}{2} 1	DATE		
SIGNATURE	Signature, typed or		ed agent and title RS AND DIRE	CTORS	13.	d Agent signatu	ire required	when reinstating)>, (\$155' ADDITIONS/CHANC			
	Signature, typed or	OFFICER			13.		ure required	100		AND DIRECT	
12.	Signature, typed or	OFFICER		CTORS	13.	TLE .	ure required	ADDITIONS/CHANG			
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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 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.

6.3 STREET ADDRESS

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90007 021 \*\*\*150.00