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 # **K90538** 1. Corporation Name

MHS CONTRACTING, INC.

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90115 024 ***150.00



Principal Place of Business Maning Address					
1415 S.W. 21ST	1415 S.W. 21ST AVE.				
FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312					DO NOT WRITE IN THIS SPACE
US	US	•		3. Date Incorporated or Qualifed	
		i			
					05/24/1989 4. FEI Number Applied For
2. Principal Pl	ace of Business	2a. Mailing Address			1
21		26			65-0130727 Not Applicable
Suite, Apt. :	⊭, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
22	, <u>, , , , , , , , , , , , , , , , , , </u>	27			5. Certificate of Status Desired Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
		28	<u> </u>		Trust Fund Contribution Added to Fees
Zip	Country	Zip			This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax. □ Yes □ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
			8	11 Name	
RIZN		ļ.,	Ctract	Address (P.O. Box Number is Not Acceptable)	
1415	S.W. 21ST AVE.		82 Street Add		Addless (F.O. Box Number is Not Acceptable)
FT. L	AUDERDALE FL 33312		8	13	
			L		
			٤	City	FL 85 Zip Code
	207.0500	1 007 4500 Fb-id- Cyclude		L nomed	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) UALE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE			[] Change [] Applicon
NAME	OZNI ATTIV, WARK TIENTI		1.2 NAM	E	
STREET ADDRESS	ss 1103 SOUTH N. ST. 1.35		1.3 STR	EET ADORESS	,
CITY-ST-ZIP	LAKE WORTH FL	WORTH FL		-\$1-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RIZNICK, SCOTT THOMAS	T THOMAS		E	
STREET ADDRESS	1415 S.W. 21ST AVE.		2.3 STR	EET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL-		a a	Y-ST-ZIP	
TITLE	I I DIODENOMEE I E	☐ DELETE	3.1 TITL	_	☐ Change ☐ Addition
			3.2 NAM		
NAME			1	EET ADDRESS	,
STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	3.4. CIT	/-ST-ZIP	Change Addition
TITLE		☐ pereis			
NAME			4. 2 NAM		
STREET ADDRESS	·		4.3 STR	EET ADDRESS	
CITY-ST-ZiP				-ST-ZIP	
TITLE		☐ DELETE	5.1 TITL		☐ Change ☐ Addition
NAME			5.2 NAW	Œ	
STREET ADDRESS			5.3 STR	EET ADDRESS	
CITY-ST-ZIP			5.4 CITY	'-ST-ZIP	
TITLE		☐ DELETE	6.1 TITL	E	Change Addition
NAME			6.2 NAM	ΙE	}
			6.3 STR	EET ADDRESS	
STREET ADDRESS				-ST-ZIP	
CITY-ST-ZIP			0.4 (711)	- 41 - 61	

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 part attachment with an address, with all other like empowered.

SIGNATURE: