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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # L50517

SOZIO CONSTRUCTION CO.

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90083 008 ***150.00



Principal Place of Business		Mailing A	Mailing Address				INST NAT ALTER ANTONIA	 	 	911 41411 1901	
909 SE 47TH TERRACE #105		909 SE 47	909 SE 47TH TERRACE #105								
CAPE CORAL FL 33904		CAPE COR	CAPE CORAL FL 33904				DO NOT WRITE IN THIS SPACE				
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						02/12/1	•	!			
2 Dringing Di	loca of Rueiness	2a. Mailin	a Address			4. FEI Numb			App	lied For	
2. Principal Place of Business			2a. Mailing Address				6821		1 1	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc					~ D -	\$8.75 A	dditional	_ :
27		27	27				of Status Desired	,	Fee Rec	uired	
City & State		City 8	City & State				Campaign Financing		\$5.00	May Be	
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Zip	Country	Zip	r	Country			oration owes the cur				
24	25	29	3	0			Property Tax.			□No	
	9. Name and Address of	Current Registered A	Agent	81	Nome	10. Name an	d Address of New	Registered A	gent		
907	O, ANTHONY S				Name	Same					
	LSE-24TH PLACE			82			umber is Not Accept				
	E CORAL FL 33904			83	13	<u>01 5 h</u>	7 94-	<u> </u>	VC E		
Q/NP	- Name of the Control			65						,	
				84	City C	ape Co	val	Fi	85 Zip C	ode . u	
44 5		07.0500 and 607.150	9 Elorida Statutos	the above	o named cor	rporation submits	this statement for the	nurnose of ch	nanging its	registered	
11. Pursuant	to the provisions of Sections o	07.0002 and 007.100	o, i londa Statutes	, tile above	46	tion's board of dire	ectors. I hereby acce	ot the appoint	ment as rec	istered	
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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 or that accurate an address, with all other like empowered.