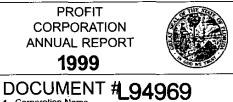
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

LMC CONTRACTING, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

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

05-06-1999 90191 013 ***150.00



Principal Plac	ce of Business	Mailing A	Address				Ì	, , , , , , , , , , , , , , , , , , , ,		., .,.,,			
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NGWOOD FL 3	2779	STE 202 LONGWOOD	STE 202 LONGWOOD FL 32779					DO NOT WRITE IN THIS SPACE					
		US					3.	Date Incorporated or Q	ualifed				
							08/	22/ 199 0					╝
2. Principal F	Place of Business	2a. Mailir	ng Address				4. F	El Number			A	pplied For	
21		26					59-3	3134782			N	ot Applicable	•
Suite, Apt	. #, etc.		Suite, Apt. #, etc.					Certificate of Status Des	ired 🔲		\$8.75	Additional	
22		27	27				5. 0	ertificate of Status Des	area 🗀		Fee R	equired	
City & Sta	te	City 8	City & State					lection Campaign Fina	ncing		\$5.00	May Be	
23		28	28					rust Fund Contribution			Added	to Fees	_
Zip	Zip Country Zip			Country			8. T	8. This corporation owes the current year Intangible					
24	25	25 29 30						Personal Property Tax.					
	9. Name and Address of Cur	rent Registered	Agent		L,		10. N	lame and Address of	New Regis	tered Ar	jent		4
					81	Name							-
FABRIZIO, LOUIS R.					82 Street Addi			D. Box Number is Not	Acceptable)				╣
	JN RIDGE PL					000171	1001000 (1 10	, Dox Handon la Hot.					╝
STE 20					83				·				
ALTAM	ONTE SPRINGS FL 32714				0.4	0:1-					as Zio	Code	-
					84	City				FL	85 Zip	Code	
-11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	0502 and 607.150	8. Florida Statute	es, the a	bove	-named c	corporation s	submits this statement	for the purp	ose of ch	nanging it	s registered	٦.
office or	registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida, Suc	ch change was at	uthorized	d by	the corpor	oration's boa	rd of directors. I hereb	y accept the	appoint	ment as re	egistered	
agent. 1 a	am tamiliar with, and accept the obl	ilgations of, Section	, COCO. 100 PIC	ilua Stat	ulco.	•							-
SIGNATURE	Signature, typed or printed name of registered	agent and title if applical	ble. (NOTE:	Registered	Agen	t signature rec	equired when rein	stating)	D.	ATE			12
12.		AND DIRECTOR		13.				DITIONS/CHANGES	TO OFFICE	RS AND	DIRECT	ORS IN 12	3 S 1 1 1 1 1 1 1 1 1
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	43 SUND RIDGE PL STE 208			1.3 S	TREET	ADDRESS							2E034
	ALTAMONTE SPRINGS FL 327	14			TY-\$1] 6
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NAME.				6.2 N									1.
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CITY-ST-ZIP 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 suppliemental 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.

6.4 CITY-ST-ZIP

SIGNATURE: