**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000038453

1. Corporation Name

SOUTH FLORIDA REMODELING & BUILDING CORPORATION

	·							
Principal Plac	e of Business	Mailing Address					.,	
8428 SW 24TH STREET		8428 SW 24TH STREET						
SUITE 345 MIAMI FL 33155		SUITE 345 Miami Fl 33155			DO NOT WRITE IN THIS SP	ACE		
MIAMI FL 33133 MIAMI FL 33133					3. Date Incorporated or Qualified			1
					05/27/1993			
2. Principal P	lace of Business	2a. Mailing Address		_	4. FEI Number	A	oplied For	1
21		26			65-0421688	N	ot Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	5. Certificate of Status Desired	\$8.75	Additional	1
22		27			Certificate of Status Desired     Fee Required			1
City & Stat	e	City.& State		 	6 Election Campaign Financing		May Be	_
23		28			Trust Fund Contribution	Added	to Fees	1
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax.			l	
24	[25]	29 30			Personal Property Tax.  10. Name and Address of New Registered Agr		LINO	┨
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered Ago	ent		1
JAM	ERSON, SUTTON AND SUR P							1
	5 LEJEUNE RD		82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
PH	11		83				,	1
COF	RAL GABLES FL 33134							
			84	City	FL <sup>)</sup>	85 Zip	Code	}
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes, th	e above	-named corpo	ration submits this statement for the purpose of cha	anging its	registered	1
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was authori	zed by	the corporation	n's board of directors. I hereby accept the appointm	ent as re	egistered	ł
J	im lamiliar with, and accept the obliga-	igns of, Section 607.0303, Florida e	ialules	•				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Regist	ered Ager	t signature required	when reinstating) DATE			] ;
12.	OFFICERS AN		3.		ADDITIONS/CHANGES TO OFFICERS AND I			} }
TITLE	PSD	☐ DELETE 1.1 m				] Change	☐ Addition	3
NAME	GEORGE, VIC	1	2 NAME					3
STREET ADDRESS	8428 SW 24 ST.	1	1.3 STREET ADDRESS					{
CITY-ST-ZIP	MIAMI FL			-ZIP				}
TITLE	VTD	☐ DELETE 2	1 TITLE			] Change	☐ Addition	١,
NAME	NELSON, RICK	2	2 NAME					
STREET ADDRESS	2800 BISCAYNE BLVD	2	3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131		2. 4 CITY- ST- ZIP					-
TITLE		_	1 TITLE			] Change	Addition	
NAME		3	2 NAME =				<del> </del>	[
STREET ADDRESS		. 3	3 STREE1	ADDRESS				
CITY-ST-ZIP			4. C/TY-S	T-ZiP		7.01	- Addition	1
TITLE			1 TITLE		- L	] Change	☐ Addition	
NAME			2 NAME					[
STREET ADORESS				ADDRESS				
CITY-ST-ZIP			4 CITY-S	r-ZIP		1 Channe	□ A Julatoro	Į
TITLE	,		1 TITLE		L	] Change	☐ Addition	1
NAME		1	2 NAME	*******				
STREET ADDRESS								
			3 STREET 4 CITY-ST	ADDRESS				

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 arrestachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

Addition

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90078 026 \*\*\*158.75