PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90118 023 ***150.00

DOCUMENT # P93000049992

1. Corporation Name

STAN CELENSKI GENERAL CONTRACTING, INC.

| | | | | | | | | ļ | | | | | | | | |
|--|---|--|---|----------------------------------|---|--|---|--------------|-------------------|----------------------|--------------|-------------|--|---------------------|--------------------|-------------------|
| Principal Place of Business | | | Ma | iling Address | | | | | 110 | AKIMBI ITR TUKBU ITI | al Betil Bel | | | | | H |
| 5230 WHISPER DR CORAL SPRINGS FL 33067 | | | 5230 WHISPER DR CORAL SPRINGS FL 33067 | | | | | | | | | | | | | |
| US | 30 12 3300 | | US | <u> </u> | , | | ~ | | | DO N | OT WRIT | E'IN THI | SPACE | | | — |
| | | | | | | | | | | corporated or C | Qualifed | | | | | |
| | | | | | | | | | 07/16/ | | | | | | | |
| 2. Principal P | lace of Business | | 2a. | Mailing Address | | | | Ì | 4. FEI Nur | | | | <u> </u> | | lied For | _ |
| 21 | | | 26 | | | | | | 65-042 | 23954 | | | #0 | | Applicab | le |
| Suite, Apt. #, etc. | | | — | Suite, Apt. #, etc. | | | | | 5. Certifca | te of Status De | esired | | | / 5 Adee Req | iditional uired | |
| City & Stat | te | | , | City & State | | | | - | 6 Election | Campaign Fin | ancing | | \$5 | .00 n | lay Be | \Box |
| 23 | | | 28 | | | | | | | ınd Contributio | | | | ded to | | |
| Zip | (| Country | | Zip | | Country | | | 8. This cor | poration owes | the curre | nt year li | ntangible | | | |
| 24 | 25 | | 29 | | 30 | | | | Persona | l Property Tax | • | | ☐ Yes | | □No | |
| | 9. Name and | Address of Curre | nt Regist | ered Agent | | | | | 10. Name a | nd Address c | f New R | egistered | Agent | | | - |
| | | _ | | | | 81 | Name | | | | | | | | | |
| Celenski, Stanley S 5230 Whisper Dr Coral Springs Fl 33067 | | | | | | | Street | Addres | s (P.O. Box | Number is Not | Accepta | ble) | | | | \exists |
| | | | | | | | | | | - | | • , | | | | \dashv |
| .* | | | | | | 84 | City | | | | | | 85 | Zip Co | ode | |
| <u> </u> | | of Sections 607.050 | 00 1 00 | 7.4500 Florida S | totutos th | an above | 2 200000 | Loorpor | ation cubmits | thic statemen | t for the | nurnose (| L | na its r | egistered | \dashv |
| office or r | registered agent∴o | r both, in the State | of Florida | a. Such change w | vas author | rizea by | the corr | oration | 's board of di | rectors. I herel | by accep | t the app | ointment | as regi | stered | |
| | | | | | | | uio oorp | | | | | | | | | |
| agent. I a | am familiar with, ar | id accept the obliga | ations of, | Section 607.0505 | 5, Florida S | Statutes | | | | | | | | | | |
| agent. I a SIGNATURE | am familiar with, ar | id accept the obliga | ations of, | Section 607.0505 | o, Fiorida S | Statutes | • | | then reinstating) | <u> </u> | | DATE | | | | |
| agent. I a | am familiar with, ar | ed name of registered age | ations of, | applicable. | (NOTE: Regist | Statutes | • | | then reinstating) | NS/CHANGES | TO OFF | | ND DIRE | СТОР | | |
| agent. I a SIGNATURE 12. | Signature, typed or print | id accept the obliga | ations of, | applicable. | (NOTE: Regist | Statutes | • | required w | ADDITIO | NS/CHANGES | | ICERS A | ND DIRE | | S IN 12 | |
| agent. I a SIGNATURE 12. TITLE | Signature, typed or print | ed name of registered age OFFICERS Af | ations of, | applicable. | (NOTE: Regist | stered Agen | • | required w | ADDITIO | | | ICERS A | | | | |
| agent. I a SIGNATURE 12. TITLE NAME | om familiar with, ar Signature, typed or print D CELENSKI, ST | ed name of registered age OFFICERS AT | ations of, | applicable. | (NOTE: Regist | stered Agen 13. 1.1 TITLE | t signature | required w | ADDITIO | | | ICERS A | | | | |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS | D CELENSKI, ST 5230 WHISPEI | ed name of registered age OFFICERS AT ANLEY S R DR | ations of, | applicable. | (NOTE: Regist | stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET | t signature | required w | ADDITIO | Celensk hisper | ki. | ricers a | □ Ch | | | |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | om familiar with, ar Signature, typed or print D CELENSKI, ST | ed name of registered age OFFICERS AT ANLEY S R DR | ations of, | applicable. | (NOTE: Regist | stered Agen 13. 1.1 TITLE 1.2 NAME | t signature | required w | ADDITIO | Celensk hisper | ki. | ICERS A | □ Ch | | | ion |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE | D CELENSKI, ST 5230 WHISPEI | ed name of registered age OFFICERS AT ANLEY S R DR | ations of, | eppicable. CTORS DELET | (NOTE: Regist | stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST | t signature | required w | ADDITIO | Celensk hisper | ki. | ricers a | □ Ch | | Addit | ion |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | D CELENSKI, ST 5230 WHISPEL CORAL SPRIN | ed name of registered age OFFICERS AT ANLEY S R DR | ations of, | eppicable. CTORS DELET | (NOTE: Regist (NOTE: Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 | stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST | t signature ADDRESS | BA 500 Co | ADDITIO | Celensk hisper | ki. | ricers a | □ Ch | | Addit | ion |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | D CELENSKI, ST 5230 WHISPEL CORAL SPRIN | ed name of registered age OFFICERS AT ANLEY S R DR | ations of, | eppicable. CTORS DELET | (NOTE: Regist FE 1 1 1 1 FE 2 2 | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME | t signature ADDRESS - ZIP ADDRESS | BA 500 Co | ADDITIO | Celensk hisper | ki. | ricers a | □ Ch | | Addit | ion |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP | D CELENSKI, ST 5230 WHISPEL CORAL SPRIN | ed name of registered age OFFICERS AT ANLEY S R DR | ations of, | eppicable. CTORS DELET | (NOTE: Regist 1 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 1 | stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET | t signature ADDRESS - ZIP ADDRESS | BA 500 Co | ADDITIO | Celensk hisper | ki. | ricers a | □ Ch | ange · | Addit | ion |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | D CELENSKI, ST 5230 WHISPEL CORAL SPRIN | ed name of registered age OFFICERS AT ANLEY S R DR | ations of, | eppicable. CTORS DELET | (NOTE: Regist 1 1 1 1 1 1 1 1 1 2 2 2 2 2 1 E 3 3 | stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S | t signature ADDRESS - ZIP ADDRESS | BA 500 Co | ADDITIO | Celensk hisper | ki. | ricers a | □ ch | ange · | Addit | ion |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME | D CELENSKI, ST 5230 WHISPEL CORAL SPRIN | ed name of registered age OFFICERS AT ANLEY S R DR | ations of, | eppicable. CTORS DELET | (NOTE: Regist (NOTE: Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 | stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE | ADDRESS 1- ZIP ADDRESS T- ZIP | BA 500 CO | ADDITIO | Celensk hisper | ki. | ricers a | □ ch | ange · | Addit | ion |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | D CELENSKI, ST 5230 WHISPEL CORAL SPRIN | ed name of registered age OFFICERS AT ANLEY S R DR | ations of, | eppicable. CTORS DELET | (NOTE: Regist (NOTE: Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME | ADDRESS 1-ZIP ADDRESS T-ZIP ADDRESS | BA 500 CO | ADDITIO | Celensk hisper | ki. | ricers a | □ ch | ange · | Addit | ion |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME | D CELENSKI, ST 5230 WHISPEL CORAL SPRIN | ed name of registered age OFFICERS AT ANLEY S R DR | ations of, | eppicable. CTORS DELET | (NOTE: Regist (NOTE: Regist 1 1 1 1 1 E 2 2 2 1 E 3 3 3 3 | stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET | ADDRESS 1-ZIP ADDRESS T-ZIP ADDRESS | BA 500 CO | ADDITIO | Celensk hisper | ki. | ricers a | □ ch | ange ange | Addit | ion ion |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | D CELENSKI, ST 5230 WHISPEL CORAL SPRIN | ed name of registered age OFFICERS AT ANLEY S R DR | ations of, | applicable. CTORS DELET | (NOTE: Regist (NOTE: Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 3.4 CITY-S | ADDRESS 1-ZIP ADDRESS T-ZIP ADDRESS | BA 500 CO | ADDITIO | Celensk hisper | ki. | ricers a | 7 _ ch | ange ange | ☐ Addit | ion ion |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | D CELENSKI, ST 5230 WHISPEL CORAL SPRIN | ed name of registered age OFFICERS AT ANLEY S R DR | ations of, | applicable. CTORS DELET | (NOTE: Regist (NOTE: Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.3 STREET 3.4 CITY-S 4.1 TITLE | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | BA Co | ADDITIO | Celensk hisper | ki. | ricers a | 7 _ ch | ange ange | ☐ Addit | ion ion |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | D CELENSKI, ST 5230 WHISPEL CORAL SPRIN | ed name of registered age OFFICERS AT ANLEY S R DR | ations of, | applicable. CTORS DELET DELET | (NOTE: Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | BA Co | ADDITIO | Celensk hisper | ki. | ricers a | Ch | ange ange | Addit | ion ion |
| AGENT. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | D CELENSKI, ST 5230 WHISPEL CORAL SPRIN | ed name of registered age OFFICERS AT ANLEY S R DR | ations of, | applicable. CTORS DELET | (NOTE: Regist (NOTE: Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | BA Co | ADDITIO | Celensk hisper | ki. | RIOC 306 | 7 _ ch | ange ange | ☐ Addit | ion ion |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CELENSKI, ST 5230 WHISPEL CORAL SPRIN | ed name of registered age OFFICERS AT ANLEY S R DR | ations of, | applicable. CTORS DELET DELET | (NOTE: Regist (NOTE: Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 3.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 NAME 5.3 NAME 5.3 NAME 5.4 NAME 5.5 NAME 5.5 NAME 5.5 NAME | ADDRESS T-ZIP ADDRESS T-ZIP ADORESS T-ZIP ADORESS T-ZIP | BA Co | ADDITIO | Celensk hisper | ki. | RIOC 306 | Ch | ange ange | Addit | ion ion |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE | D CELENSKI, ST 5230 WHISPEL CORAL SPRIN | ed name of registered age OFFICERS AT ANLEY S R DR | ations of, | applicable. CTORS DELET DELET | (NOTE: Regist (NOTE: Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 3.1 TITLE 3.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 NAME 5.3 STREET 5.3 NAME 5.3 STREET | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | BA Co | ADDITIO | Celensk hisper | ki. | RIOC 306 | Ch | ange ange | Addit | ion ion |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | D CELENSKI, ST 5230 WHISPEL CORAL SPRIN | ed name of registered age OFFICERS AT ANLEY S R DR | ations of, | eppicable. CTORS DELET DELET | (NOTE: Regist (NOTE: Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | BA Co | ADDITIO | Celensk hisper | ki. | RIOC 306 | Ch | ange ange | Addit | ion ion ion |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | D CELENSKI, ST 5230 WHISPEL CORAL SPRIN | ed name of registered age OFFICERS AT ANLEY S R DR | ations of, | applicable. CTORS DELET DELET | (NOTE: Regist (NOTE: Regist 1 1 1 1 1 1 7 7 7 7 8 3 3 3 7 7 8 4 4 4 4 7 7 8 5 5 5 6 6 | Agend Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 5.4 CITY-S 6.1 TITLE | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | BA Co | ADDITIO | Celensk hisper | ki. | RIOC 306 | Ch | ange ange | Addit | ion ion ion |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CELENSKI, ST 5230 WHISPEL CORAL SPRIN | ed name of registered age OFFICERS AT ANLEY S R DR | ations of, | eppicable. CTORS DELET DELET | (NOTE: Regist (NOTE: Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | BA 500 Co | ADDITIO | Celensk hisper | ki. | RIOC 306 | Ch | ange ange | Addit | ion ion ion |

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.

SIGNATURE