Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90110 035 ***150.00

DOCUMENT # P9300057020

RAUCH, HARRY

1. Corporation Name

H.R.C. CONSTRUCTION, INC.

24	·	25	29 33	+=	
	Zip	Country	Zip		
23			28 LA	4	
	City & State		City & S		
22			27		
	Suite, Apt. #, etc.		Suite, A	pt. i	
21			26 7.0	. 1	
2.	Principal Place of Busine	ess	2a. Mailing		
GRE US	EENACRES FL 33415		LAKE WORT	H F	
	6 JOG ROAD	P.O. BOX 6199			
Pri	ncipal Place of Business	Mailing Addres			

Mailing Address

P.O. BOX 6199

LAKE WORTH FL 33466

2a. Mailing Address

LAKE

33+54

1.0.BOX

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

08/11/1993

65-0457241

4. FEI Number

	JOG ROAD	82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
GREI	ENACRES FL 33415	83				· · · · · ·		
· · ·			84	City		F	L 85 Zip (Code
office or re	to the provisions of Sections 607.0502 and 607.1 egistered agent, or both, in the State of Florida. S m familiar with, and accept the obligations of, Sec	Such change was au	thorized by	tne corporation	oration submits this stan's board of directors.	tement for the purpose I hereby accept the app	of changing its ointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent and title if app	Hooklo (NOTE:	Registered Agen	t signature required	when reinstating)	DATE		
12.	OFFICERS AND DIRECTO	•••	13.			ANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	T.			☐ Change	☐ Addition
NAME	RAUCH, HARRY		1.2 NAME					
STREET ADDRESS	2176 JOG ROAD		1.3 STREET	ADDRESS				
CITY-ST-ZIP	GREENACRES FL 33415		1.4 CITY-ST					
TITLE	GILLENAONEO I E GOTTO	☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME			. 2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS				
•		· ·	2.4 CITY-S	1		•		
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE		 		Change	Additio
NAME		_	3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-S				•	
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Additio
NAME	•	_	4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST					
TITLE	*	☐ DELETE	5.1 TITLE			······	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CTY-ST-ZIP	•		5.4 CITY-ST	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Additio
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
			6.4 CITY-S	T-ZIP				
CITY-ST-ZIP	t pertify that the information supplied with this filing	does not qualify for			ection 119.07(3)(i). Flo	orida Statutes. I further o	ertify that the	information

Country

USA

Name

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 ar 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.