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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P93000059898 (5)

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90276 041 ***150.00

FLORIDA BUILDING CONTRACTORS ASSOC: INC. *A550CIA710N, INC.					539623 - 90276 - 41					
Principal Place	e of Business	Mailing Address				7		-		
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4981 PELICAN STREET 4981 PELICAN STREET					į					
COCONUT CREEK, FL. 33073 COCONUT CREEK FL.33073					DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed		·		
						08/26/19	93			
2. Principal Place of Business 2a. Mailing Address			3			4. FEI Number			Applied For	_
21		26				65-043404	3		Not Applicable	<u>:</u>
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.			5. Certificate of Status Desired		,	Additional	
22		27							Required	4
City & State	е	City & State				6. Election Campaign Financing		•	0 May Be	
23		28				Trust Fund Contribution			d to Fees	
Zip	Country	Zip~~		untry		8. This corporation owes the cu	rrent year In	tangible Yes	□No	
24	25	Desistent Asset	30	т—		Personal Property Tax. 10. Name and Address of New	Pagistarad		LINU	\dashv
	9. Name and Address of Current	Registered Agent		81	Name	IV. Name and Address of New	Registered	Agent		\dashv
N 74 D	בעע האסהו א			10.1	Hame					
NAPSKY, CAROL A 4981 PELICAN STREET				82 Street Address (P.O. Box Number is N			table)			
	ONUT CREEK, FL. 3	2072		83				···		-
000	ONOT CREEK, FL. 3	3073		03						
				84	City			85 Zi	p Code	
				ĻĹ		0 1 2 11 11 15 15	FL	- 1 - 1 - 1		_
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida f Florida, Such change	Statutes, the a was authorize	above-led by th	-named corpo he corporation	pration submits this statement for the n's board of directors. I hereby acce	e purpose or ept the appoi	cnanging intment as	registered	- [
agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607 850	5, Florida Sta	itutes,	•	•				
SIGNATURE	CAROL A NAPSKY (PRES.)		1/4						
	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Registere		Signature required		DATE FEICERS AN	ID DIREC	TORS IN 12	- á
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable DIRECTORS	(NOTE: Registere		Signature required	when reinstating) ADDITIONS/CHANGES TO O				11/00)
12.	Signature, typed or printed name of registered agent OFFICERS AND PSTD	and title if applicable	(NOTE: Registere 13.	rm.E	Signature required			ND DIREC		4 (11/00)
12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PSTD NAPSKY, CAROL A	and title if applicable DIRECTORS DELE	(NOTE: Registere 13. TE 1,1 T 12.N	TITLE NAME						034 (44,00)
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PSTD NAPSKY, CAROL A 4981 PELICAN STF	and title if applicable DIRECTORS DELE REET	(NOTE: Registere 13. TE 1.1 T 12.N 1.3 S	TITLE NAME STREET A	ADDRESS					3 (14,08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSTD NAPSKY, CAROL A	and title if applicable DIRECTORS DELE REET L. 33073	TE 1.1 T 1.3 S 1.4 C 1.4	ITILE NAME STREET A	ADDRESS			☐ Chang	e	DOE034 /
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSTD NAPSKY, CAROL A 4981 PELICAN STF	and title if applicable DIRECTORS DELE REET	TE 1.1 TE 1.4 CTE 1.4	NAME STREET A CITY-ST-	ADDRESS				e	DOE034 /
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PSTD NAPSKY, CAROL A 4981 PELICAN STF	and title if applicable DIRECTORS DELE REET L. 33073	TE 1.17 1.20 1.35 1.40 TE 2.17 2.20	NAME STREET A CITY-ST-2 TITLE NAME	ADDRESS ZIP			☐ Chang	e	DOE034 /
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PSTD NAPSKY, CAROL A 4981 PELICAN STF	and title if applicable DIRECTORS DELE REET L. 33073	(NOTE: Registere 13. TE 1.11 12N 1.35 1.40 TE 2.11 22N 2.35	. ITILE NAME STREET A CITY-ST-: ITILE NAME STREET A	ADDRESS ZIP			☐ Chang	e	DOE034 /
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL A NAPSKY

954-725-0808