FILED

Mar 11, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POACCOCCES

Corporation		002100							
PHO CO	NTRACTING, INC.				r sourceast did collective active		18 0) 1 00) 11 00 (0 (1 88 1271 1 89 1	
Principal Place	of Business	[[[[[[[[[[[[[[[[PELJI OBJIK DAIRI ODJ	110 (1004) 1106)	B)(00 f(6) (00)				
Principal Place of Business Mailing Address 2191 LAKE DEBRA DR 2191 LAKE DEBRA DR									
APT 316 APT 316					OO NOT WRITE IN THE ORACE				
ORLANDO FL 32835 ORLANDO FL 32835						DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualife 01/10/1994	,			
2. Principal Pl	ace of Business	2a. Mailing Address		·	4. FEI Number		Apr	olied For	
21		26			59-3223540		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A		
22		27			3. Certificate of Citation Decirios		Fee Red	quired	
City & State	•	City & State			6. Election Campaign Financing		\$5.00	•	
23		28			Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes the cu			Mo	
24	25		30		Personal Property Tax. 10. Name and Address of New			28/140	
	9. Name and Address of Curren	t Registered Agent	8	1 Name	10. Name and Address of New	Registered A	gent		
FILINGS INC.					(D.O. B. M. sharin Net Assess	4-LI-)		-	
3732 N.W. 16TH STREET			8:	2 Street A	Address (P.O. Box Number is Not Accep	nable)			
FOR	T LAUDERDALE FL 33311		8	3					
			8-	4 City		———	85 Zip C	Code	
44.5	607.050	2 and 607 1509 Florido Statutas	e the abo	ve named	corporation submits this statement for the	e numose of d	hanging its	registered	
l office or re	egistered agent, or both, in the State familiar with, and accept the obligation	of Florida. Such change was au	tnorizea b	y tne corpc	ration's board of directors. I hereby acc	ept the appoint	ment as req	jistered	
SIGNATURE		•							
	Signature, typed or printed name of registered ager			ent signature re	equired when reinstating) ADDITIONS/CHANGES TO C	DATE	DIDECTO	DC IN 43	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO C		☐ Change	Addition	
TITLE	D DOUGLEST DOOEST	ר"ו סברב וב		I			vg-		
NAME	PROHASKA, ROBERT		1.2 NAME						
STREET ADDRESS	2191 LAKE DEBRA DR APT 31	0		ET ADDRESS					
CITY-ST-ZIP	ORLANDO FL	☐ OELETE	1.4 CITY- 2.1 TITLE				Change	Addition	
TITLE			2.1 TITLE						
NAME				ET ADDRESS					
STREET ADDRESS									
CITY-ST-ZIP		(DELETE	2.4 C/TY				Change	Addition	
MANE	3.5		32 NAME						
NAME				ET ADDRESS					
STREET ADDRESS			3.4. CITY						
CITY-ST-ZIP TITLE	☐ DELETE		4.1 TITLE				Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-						
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition	
NAME			5.2 NAME	:					
STREET ADDRESS			5.3 STRE	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		☐ OELETE	6.1 TITLE				☐ Change	☐ Addition	
NAME			6.2 NAME	:					
STREET ADDRESS			6.3 STRE	ET ADDRESS					

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 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 artiress with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: X

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-291-9449

CR2E034 (11/98)