**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000047798

ii Name					
SOUTHWIND CONSTRUCTION, INC.					
e of Rusiness	Mailing Address	.,.			[100110013]0 [5015 BLOS BLOS BENT BENT BUT BLOS BLOS LOOK 1005 1005 1005 1005 1005
333	HAVANA FL 32333				
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 06/27/1994
lace of Business	2a. Mailing Address				4. FEI Number Applied For
	26				59-3251128 Not Applicable
26     26     Suite, Apt. #, etc.   Suite, Apt. #, etc.				·	5. Certificate of Status Desired   \$8.75 Additional
27					5. Certificate of Status Desired Fee Required
City & State City & State				6. Election Campaign Financing \$5.00 May Be	
	28				Trust Fund Contribution Added to Fees
Country	Zip	Zip Country			8. This corporation owes the current year Intangible
25	29	30	~-		Personal Property Tax. Yes No
9. Name and Address of Curre	ent Registered Agent		04	NI	10. Name and Address of New Registered Agent
ACON BULAN C			61	Name	
			82	Street Add	ddress (P.O. Box Number is Not Acceptable)
· ·					
ANA FL 32333			83		•
			84	City	FL 85 Zip Code
to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblid	02 and 607.1508, Florida Statute e of Florida. Such change was a lations of, Section 607.0505, Flo	es, the uthorize rida Sta	above ed by itutes	e-named control the corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
	,				
Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE			t signature requi	
				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
-	☐ DELETE	1			☐ Change ☐ Addition
		B			
		1.3 8	1.3 STREET ADDRESS		,
HAVANA FL 32333	——————————————————————————————————————	_		T-ZIP	☐ Change ☐ Addition
	☐ DELETE	1		1	Change Addition
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	C) VELETE	- 1		[	Containing (Tradition)
	country  25  9. Name and Address of Curre  SON, JULIAN G TE 4, BOX 535  ANA FL 32333  to the provisions of Sections 607.05 egistered agent, or both, in the State of familiar with, and accept the oblig of Signature, typed or printed name of registered agent, or both, in the State of Signature, typed or printed name of registered agent, or both, in the State of Signature, typed or printed name of registered agent, or both, in the State of Signature, typed or printed name of registered agent, or both, in the State of Signature, typed or printed name of registered agent, or both, in the State of Signature, typed or printed name of registered agent, and accept the obliging of the Signature, typed or printed name of registered agent, and th	a of Business  Boute 4, Box 535  ROUTE 4, Box 535  ROUTE 4, Box 535  HAVANA FL 32333  Bace of Business  Bace of Busines  Bace of Business  Bace of Busines  Bace of Business  Bace of Business	a of Business  Boute 4, Box 535 Boute 5, Boute 5, Boute 6, Bou	a of Business  Boute 4, Box 535  ROUTE 8, Box 535  ROUTE 4, Box 53	a of Business  Address  ROUTE 4, BOX 535  ROUTE 4, BOX 535  HAVANA FL 32333  Lace of Business  2a. Mailing Address 2b. Suite, Apt. #, etc.  27  E. Country  2b. Suite, Apt. #, etc.  27  29  9. Name and Address of Current Registered Agent  SON, JULIAN G  TE 4, BOX 535  ANA FL 32333  B4 City  to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named or egistered agent, or both, in the State of Florida. Such change was authorized by the corpor m familiar with, and accept the obligations of, Section 607,0505, Florida Statutes  Signature, typed or printed name of registered agent and tible if applicable.  OFFICERS AND DIRECTORS  D DELETE  1.1 TILE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  DELETE  1.1 TILE  2.2 NAME  2.3 STREET ADDRESS  3.4 CITY-ST-ZIP  DELETE  1.1 TILE  2.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  DELETE  1.1 TILE  2.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  DELETE  3.1 TILE  3.1 STREET ADDRESS  3.4 CITY-ST-ZIP  DELETE  3.1 TILE  3.1 STREET ADDRESS  3.5 STREET ADDRESS  3.4 CITY-ST-ZIP  DELETE  4.1 TITLE

CTTY-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 address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

☐ DELETE

DELETE

Daytime Phone #

Change

Change

Addition

☐ Addition

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90178 036 \*\*\*150.00