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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000077993**1. Corporation Name

TAURUS CONSTRUCTION SERVICE, INC.

Britania de Nova de Domina de

Mailing Address

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90019 007 ***150.00



Principal Plac	e or business	Maining Address					
7547 GARDEN ROAD. #8		7547 GARDEN ROAD. #8					
RIVIERA BEACH	FL 33404	RIVIERA BEACH FL 33404		DO NOT WE	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	TE IN THIS SPACE	
							}
2 Deinsing D	Place of Business				10/24/1994 		Applied For
	race of Business _ "						Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			65-0576756	¢8 .	75 Additional
	#, etc.	\vdash			Certificate of Status Desired	1 1 7	e Required
City & Stat	do.	City & State			A Station Community Signature		
	le.	28			6. Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	Zip	Count		8. This corporation owes the curr		000101005
24	. 25	— · –	30 .	<i>,</i>	Personal Property Tax.	Yes	□No
24	9. Name and Address of Current		101		10. Name and Address of New I		
	3. Name and Addiess of Carlon	regional rigani	8	1 Name			
SHAV	N, SANDRA		L				
	GARDEN ROAD, #8	82 Street Add		ress (P.O. Box Number is Not Acceptable)			
	RA BEACH FL 33404		8	33		· -	
-		•	L				
			8	City		FL 85	Zip Code
11 Purcuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abo	ove-named ca	progration submits this statement for the		ng its registered
office or r	registered agent, or both, in the State of	Plorida. Such change was au	thorized b	by the corpor	orporation submits this statement for the ation's board of directors. I hereby accept	pt the appointment	as registered
agent. 1 a	am familiar with, and arcept the obligation	on of Section 607.0303, Flore	Statute	es.	/1. '	4-15-	55
SIGNATURE.		V V. Z J T				7 10	• /
SIGNATION	Signature typed or printed name of legistared agent;	and title if applicable. (NOTE: F	Registered A	Shit signature req	ured when reinstating)	DATE	
	Signature, typed or printed name of Jegiss Ad agent		Registered 7	ant signature req	uing: when reinstating) ADDITIONS/CHANGES TO OF	DATE	
12.						DATE	CTORS IN 12
12.	OFFICERS AND	DIRECTORS	13.	=		DATE FICERS AND DIRE	CTORS IN 12
12. TITLE NAME	OFFICERS AND DP SHAW, CAROLINE	DIRECTORS	13. 1.1 TITLE 1.2 NAM	=		DATE FICERS AND DIRE	CTORS IN 12
12. TITLE NAME STREET ADDRESS	OPFICERS AND DP SHAW, CAROLINE 524 BYRON ST.	DIRECTORS	13. 1.1 TITLE 1.2 NAM 1.3 STRE	E E EET ADDRESS		DATE FICERS AND DIRE	CTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP SHAW, CAROLINE 524 BYRON ST. HUNTINGTON IN 46750	DIRECTORS	13. 1.1 TITLE 1.2 NAM	E E EET ADDRESS		DATE FICERS AND DIRE	CTORS IN 12
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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 suppliemental 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 of 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 a state like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

74-15-99. 561-791-8291 Date Dayline Phone #

CR2E034 (11/98)