FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #**

1. Corporation Name

WOIF Brothers Construction Inc

Principal Place of Business 6495 59 CT N Pinellas Park, 12 33781

2. Principal Place of Business

Mailing Address

2a. Mailing Address

6495 59th ct N Pinallas Park, PC 33781

May 17, 1999 8:00 am Secretary of State

05-17-1999 90078 043 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

59-3274782

OCT

4. FEI Number

21	26				59-3214184		Not Applicable
Suite, Apt. #, etc.		pt. #, etc.				\$8.7	5 Additional
22	27				5. Certificate of Status Desired	Fee	e Required
City & State	City & S	State			6. Election Campaign Financing	\$5.	00 May Be
23	28				Trust Fund Contribution	•	led to Fees
Zip	Country Zip	Cor	untry		8. This corporation owes the current year In	ntangible	_
24 25	29	30			Personal Property Tax.	Yes	₩₩No
9. Name an	d Address of Current Registered Ag	ent			10. Name and Address of New Registered	l Agent	
Day Ld B	WOIF		81	Name			
Royald & Wolf			82 Street Address (P.O. Box Number is Not Acceptable)				
6495 59 CT N							
			83				
Pinellas Park, FL 33781			84	City		105	Zip Code
			04	City	FI	L 85 ²	Tip Code
11. Pursuant to the provisions	s of Sections 607.0502 and 607.1508,	Florida Statutes, the a	bove	-named corpo	ration submits this statement for the purpose of	of changing	its registered
	, or both, in the State of Florida. Such and accept the obligations of, Section				is board of directors. I hereby accept the appo	ontment as	s registered
•	and accept the obligations of, Sections	607.0303, Florida Stat	uies.	•			
SIGNATURE Signature, typed or pr	rinted name of registered agent and title if applicable.	(NOTE: Registered	1 Agent	t signature required to	when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	CTORS IN 12
TITLE Proside	7~9	DELETE 1.1 TI	ITLE			Chan	nge Addition
NAME O 1-	1 F Wolf	1.2 N	AME				
OVERT ADDRESS	$\nabla \sigma D \wedge V = V \wedge V$	1.3 S	TREET	ADDRESS			
CITY-ST-ZIP Puncil	Derk FL 3378	140	ITY-ST	- ZIP			
TIME Soc as	d Transcror	☐ DELETE 21T				Chan	nge 🔲 Addition
NAME Walter	28/ 24 M JAJ 105	2.2 N	AME				
STREET ADDRESS 4301	201 184 M 76 485	235		ADDRESS			
CITY-ST-ZIP PINGU	15 Perk, PC 3378	<u>ک</u> ا ا	DITY-SI				
TITLE		☐ DELETE 3.1 TI		, 211		Chan	nge 🗍 Addition
NAME		3.2 N	AME				
STREET ADDRESS		1		ADDRESS .			
CITY-ST-ZIP			ITY-ST				
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NAME		4.21				_	
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CITY-ST-ZIP		i i	ITY-ST				
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NAME		5.2 N				_	. =
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			TY-ST	ŀ			
TITLE		DELETE 6.1 TI				Chan	nge Addition
NAME		6.2 N	AME			_	
STREET ADDRESS				ADDRESS			
ſ		- 1	TY-ST-	ł			
CITY-ST-ZIP 14. I hereby certify that the in	formation supplied with this filing does			l	ction 119.07(3)(i), Florida Statutes. I further ce	rtify that th	ne information
indicated on this annual re officer or director of the co	eport or supplemental annual report is	true and accurate and powered to execute the	that nis re	my signature s port as require	shall have the same legal effect as if made under the dot by Chapter 607, Florida Statutes; and that r	der oath; th	hat I am an

CR2E034 (11/98)

Applied For