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

PROFIT 🎘 CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90033 038 ****150.00

Principal Place of Bus 25 N RIDGEWOOD AVI	BARTLETT, P.A.		dimensional testing		
Principal Place of Bus				能量 (Visigna Artista) (Bartista) (Partista) (Bartista) (Bartista) (Bartista) (Bartista)	INTERNATIONAL STRUCTURES THAT THE LIBERT CONTRACTORS
5 N RIDGEWOOD AVI		्री हरू। प्रदेशको । १८ असे व्याप्त । १८ अस्तर स्थापना । १९ अस्तर प्रदेशको ।			
s n RIDGEWOOD AVI		Mailing Address			
5 N RIDGEWOOD AV YTONA BEACH FL 3:	32 (200) A 22 (200)	125 N RIDGEWOOD AVE			
CITONA DENOTITE S	5 N RILKIEWUUU AVE 「段階階級会			DO NOT WRITE IN	THIS SPACE
	2110	UŞ		3. Date Incorporated or Qualifed	•
				11/29/1994	1 Aurlied For
		2a. Mailing Address		4. FEI Number	Applied For ' Not Applicable
. Principal Place of	Business	26		59-3281223	\$8.75 Additional
<u> </u>		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc.		27			\$5,00 May Be
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
า			Country	8. This corporation owes the current ye	ar Intangible
Zip	Country	Zip 30	¬ · ·	Porconal Property Tax.	Li fes Life
i	25	Z9	<u> </u>	10. Name and Address of New Regis	terea Agent
9.	Name and Address of Curren	it Registorous	81 Name		
BARTLETT	T, LAURENCE H		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	had very hand be a consider to high
125 N RID	DGEWOOD: AVE				16 15 15 15 15 15 15 15 15 15 15 15 15 15
DAYTONA	BEACH FL 32115		83	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip Code
			84 City		
				corporation submits this statement for the purpration's board of directors. I hereby accept the	ose of changing its registered
	ture typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Agent signature re-	quired when reinstating)* ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
12.	OFFICERS A	ND DIRECTORS	13.		Change Addition
TITLE PD	1 1		1.2 NAME	•	
NAME BA	RTLETT, LAURENCE H		1.3 STREET ADDRESS		·
STREET ADDRESS 125	5 N RIDGEWOOD AVE		1.4 CITY-ST-ZIP		Change Addition
CITY-ST-ZIP DA	AYTONA BEACH FL	DELETE	2.1 TITLE		Cloudings Class
TITLE		_	2.2 NAME		
NAME			2.3 STREET ADDRESS		*
STREET ADDRESS		*	2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
l	* * *	DELETE	3.1 TITLE	1	☐ Ottoring ○ ☐ · · · ·
CITY-ST-ZIP	the state of the state of				
TITLE	The Reservoir		3.2 NAME	, , , ,	
TITLE NAME			3.3 STREET ADDRESS		
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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 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 indicated on this annual report or supplemental annual report to true the 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, of on an attachment with an address with all other like empowered.

SIGNATURE: