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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000024568

Mail
205 ^v Palm

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

02-21-1999 90028 049 ***150.00

ADDISON	CONSTRUCTION CORPO								
Principal Place of	of Business	Mailing Address				,			
205 VIA TORTUOA		205 VIA TORTUOA							
PALM BEACH FL	33480	PALM BEACH FL 33480			ļ	DO NOT WRI		SPACE	——¬
						3. Date Incorporated or Qualifed			
						03/27/1995			ied For
2. Principal Plac	on of Business	2a. Mailing Address				4. FEI Number			Applicable
- 1	DE DI BUSINESS	26				<u>65-0574549</u>		\$8.75 Ad	
Suite, Apt. #,	etc	Suite, Apt. #, etc.			•	5. Certifcate of Status Desired		Fee Requ	1
-7		27				Ti-pains		\$5.00 M	lav Be
City & State		City & State				Election Campaign Financing Trust Fund Contribution		Added to	
23	_	28				8. This corporation owes the cur	rrent vear In	tangible	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the con Personal Property Tax.	iloni you.	☐ Yes □	No
24	25	29	30			10. Name and Address of New	Registered	Agent	
	9. Name and Address of Curre	ent Registered Agent	<u>_</u>	81	Name				\frac{1}{2}
	NAMES ANTOUTH B			1		and a standard hat Accept	table)		
KIHSU	CHNER, MITCHELL B			82	Street Addre	ess (P.O. Box Number is Not Accep	ABDIC)		
	CORPORATE BLVD.			83					Ì
STE.								85 Zip C	ode
	RATON FL 33431	\bigcirc			City		F		
				1 1		tion submits this statement for th	ne purpose (of changing its r	registered
	U variations of Sections 607/6	She and 6977 508/ Florida Statul	tes, the a	bove	-named corpo	a's beard of directors. I hereby acc	ent the app	ointment as reg	listered
<u>_</u> _	o the provisions of Sections 607/0 gistered agent, or both, in the sign n familiar with, and accept the oblig	// ·				d when reinstating)	DATE		
	Slonature, typed or printed name of agistered a	gent and title if applicable. (NOTI	E: Registere	d Agent		d when reinstating) ADDITIONS/CHANGES TO C	DATE	AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of egistered a OFFICERS	// ·	E: Registere	d Agent		d when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of egistered a OFFICERS A	igent and title if applicable. (NOTI	E: Registered 13.	d Agent		d when reinstating)	DATE	AND DIRECTO	RS 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 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 trusts 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 or an adaptment with an address, with all other like empowered.

SIGNATURE:

T. WEEL YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR