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**

DOCUMENT # P95000092185 1. Corporation Name

SERCAS & SONS, INC.

Principal Place of Business

Mailing Address

May 01, 1999 8:00 am Secretary of State

05-01-1999 90020 036 ***150.00



13 MEADOWS PARK LANE BOYNTON BEACH FL 33462 2. Principal Place of Business 2a. Mailing Address								DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 12/04/1995			
								4. FEI Number	A	plied For	
2. Principal Place of Business 22. Induling Address 25								59-3345767	\vdash	ot Applicable	
				e, Apt. #, etc.					8.75	Additional	
27								5. Certifcate of Status Desired	Fee R	equired	
City & State City & State								, , , , , , , , , , , , , , , , , , ,		May Be	
23 28								Trust Fund Contribution	Added	to Fees	
Zip	Country Zip Cou					ıtry		8. This corporation owes the current year Intangil			
24 25 29 30								Personal Property Tax. 10. Name and Address of New Registered Age	Yes	□No	
	9. Name and Address of Current	Regis	stered Aç	gent		81	Name	10. Name and Address of New Registered Age			
CACAMIC ID CEDOIO						٥'			•		
CASAINE JR, SERGIO 13 MEADOWS PARK LANE							Street Ad	Idress (P.O. Box Number is Not Acceptable)			
BOYNTON BEACH FL.33462						83					
	NION BEACHTE SONOE				-						
					[84	City	FL ⁸	5 Zip	Code	
office or re	to the provisions of Sections 607.0502 begistered agent, or both, in the State of a familiar with, and accept the obligation	FIOR	da Such	607.0505, Flor	utnonzed rida Statu	tes.	ine corpora	proration submits this statement for the purpose of char ation's board of directors. I hereby accept the appointment	ent as re	egistered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered							t signature requ	uired when reinstating) DATE	IDECT	DDC IN 42	
12.	OFFICERS AND	DIR	ECTORS	C per err	13.		- 1	ADDITIONS/CHANGES TO OFFICERS AND D	Change	Addition	
TITLE	D			☐ DELETÉ	1.1 TIT		İ	·	onango		
NAME	CASAINE, SERGIO JR				1.2 NA						
STREET ADDRESS	% 13 MEADOWS PARK LANE				- 1		ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 33462			☐ DELETE	1.4 CIT 2.1 TiT		-ZIP	<u></u>	Change	Addition	
TITLE	D			- DELETE	2.1 161 2.2 NA						
NAME	CASAINE, FRANK P				1		ADORESS				
STREET ADDRESS	% 13 MEADOWS PARK LANE				2.3 S I		1				
CITY-ST-ZIP TITLE	BOYNTON BEACH FL 33462			□ DELETE	3.1 111	_	1-21		Change	Addition	
NAME	CACAINE WILDEDT D				3.2 NA						
STREET ADDRESS	CASAINE, WILBERT P 303 SOUTH BROUGHTON CT.						ADDRESS	•			
CITY-ST-ZiP	BOYNTON BEACH FL				3.4. CT						
TITLE	· ·			DELETE	4.1 TIT	_			Change	Addition	
NAME					4. 2 N/	ME					
STREET ADDRESS					4.3 ST	REET	ADDRESS				
CITY-ST-ZIP	•				4.4 CI3						
TITLE				DELETE	5.1 TIT	LE		· , □	Change	nodibbA 📑	
NAME					5.2 NA	ME		•			
STREET ADDRESS					5.3 ST	REET	ADDRESS				
CITY-ST-ZIP					5.4 CIT		· ZIP				
TITLE	,			☐ DELETE	6.1 TIT				Change	☐ Addition	
NAME					6.2 NA						
STREET ADDRESS	4. 是有数数据,有过多数。						ADDRESS				
CITY-ST-ZIP	Contracting the second				6.4 CIT	Y-S1	r-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.

SIGNATURE:

Daytime Phone #