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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000000664

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90021 013 ***150.00

	CONSTRUCTION SERVICE			·					
Principal Place of Business Mailing Address							INTIN MONE ONL	a milli dibi i&al	
2440 NW 98 L	lane IGS FL 33065-4966	2440 NW 98 LANE							
CORAL SPRIN	NGS FL 33065-4966	CORAL SPRINGS FL	. 33065-4966		50 1107 11				
					3. Date Incorporated or Qualif	RITE IN THIS	SPACE		٦
					12/26/1995	ea			i
2. Principal	Place of Business	2a. Mailing Address	s	_	4. FEI Number				-
21 26				65-0651377		 	pplied For	} ·	
			Suite, Apt. #, etc.		00 000 1077			ot Applicable Additional	١.
22		27			5. Certifcate of Status Desired			equired	
City & Sta	ate	City & State	· .		6. Election Campaign Financir			<u> </u>	1
23		28			Trust Fund Contribution	" ⁹ 🗆		May Be to Fees	Ī
Zip	Country	Zip	Cour	ntry	8. This corporation owes the c	urrent vear Inta	****	10 1 003	1
24	25	29	30		Personal Property Tax.		Yes	□No	
	Name and Address of Cur	rent Registered Agent			10. Name and Address of New	w Registered A	gent		•
DAA	WELCON DONE ID		[1	81 Name		•			1
	NIELSON, DON F JR O NW 98 LANE		-	82 Street Add	ress (P.O. Box Number is Not Acce	otable)			1
	RAL SPRINGS FL 33065-4966		ļ.,					<u> </u>	ļ
				B3					
			[1	B4 City		EI.	85 Zip (Code	
- B.:	t to the provisions of Sections 607 (1502 and 607 1508. Florida 9	Statutes the abo		poration submits this statement for the	FL.	<u> </u>	; 	i
11. Pursuant									1
					ion's board of directors. I hereby acc	ept the appoint	lment as re	gistered	
agent. I a	am familiar with, and accept the obl				ion's board of directors. I hereby acc	ept the appoint	tment as re	gistered	
	am familiar with, and accept the obl	igations of, Section 607.050	5, Florida Statut	es.	ion's board of directors. I hereby acc	ept the appoint	tment as re	gistered	
agent. I a	am familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS	igations of, Section 607.050		es.	ed when reinstating)	DATE	tment as re	gistered	.ją
agent. I a	am familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS PD	igations of, Section 607.050:	(NOTE: Registered A	es. gent signature require	ion's board of directors. I hereby acc	DATE OFFICERS AND	tment as re	gistered	11/00)
agent. I a SIGNATURE 12.	am familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS	igations of, Section 607.050: agent and title if applicable. AND DIRECTORS	(NOTE: Registered A	gent signature require	sd when reinstating) ADDITIONS/CHANGES TO C	DATE OFFICERS AND	DIRECTO	gistered PRS IN 12	4 (44/00)
agent. I a SIGNATURE 12. ITILE	Signature, typed or printed name of registered OFFICERS PD DANIELSON, DON F JR	igations of, Section 607.050: agent and title if applicable. AND DIRECTORS	(NOTE: Registered A 13. TE 1.1 TITLI 1.2 NAM	gent signature require	sd when reinstating) ADDITIONS/CHANGES TO C	DATE OFFICERS AND	DIRECTO	gistered PRS IN 12	034 (41/08)
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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 #