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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000060556

1. Corporation Name

AMERI-RUILT CONTRACTORS, INC.

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90061 047 ***150.00

Principal Place	e of Business	Ma	ailing Address										
880 N.E. 42 ST	REET		N.E. 42 STREET					1					
OAKLAND PARK FL 33334 OAKLAND PARK FL 33334									DO NOT WE	NTE IN TH	S SPACE		
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								07/18/19	96				
2. Principal P	lace of Business	2a.	Mailing Address					4. FEI Number				Appli	ied For
21		26						65-06806	90				Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certifcate o	Status Desired			5 Ad Regu	ditional
22		27											
City & Stat	te	<u> </u>	City & State						mpaign Financing	¹ 🗆		UU M ed to	ay Be
23		28			ountry		-	Trust Fund				ed to	rees
Zip	Country		Zip		ountry	y		8. This corpora	ation owes the cu	rrent year II	ntangible ☐ Yes	г]No ∣
24	25	29	toned Agent	30					Address of New	Registere			
	9. Name and Address of Curre	ent Kegis	reren wheur		81	N:	me	10, 15ame and					
FRE	VOLA, ALBERT L JR				L	<u>1</u> _							
	NRAD SCHERER & JENNE				82	St	reet Addre	ess (P.O. Box Nun	nber is Not Accep	otable)			
	SOUTH FEDERAL HIGHWAY				83	 							
	LAUDERDALE FL 33301] 03	"							
					84	Ci	ty			F	85	Zip Co	ode
	to the provisions of Sections 607.05			M - 4 - 4		<u></u>		aration automita thi	statement for th			n its re	hereteine
erent La	registered agent, or both, in the Statem familiar with, and accept the oblig	antione of											
SIGNATURE				o, Florida S	tatutes	S .	_	when reinstating)		DATE			
SIGNATURE	Signature, typed or printed name of registered at OFFICERS A	gent and title i	if applicable.	NOTE: Registe	tatutes	S .	_	when reinstating)	CHANGES TO O	DATE	ND DIRE	CTOR	S IN 12
	Signature, typed or printed name of registered at	gent and title i	if applicable.	(NOTE: Registe	tatutes	S .	_	when reinstating)		DATE		CTOR	
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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 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:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR