PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083970

1. Corporation Name

STREET ADDRESS

NEW CE	NTURY CONSTRUCTION, II	NC.						
Principal Place of Business Mailing Address					_		T COMITAGO TARA TRANSID MATIS MATEL MARIL HOURT RECENT INCOME FRANCTIONAL MARIL I	
,			ACAPULCO ROAD					
860 ACAPULCO ROAD JACKSONVILLE FL 32216 JACKSONVILLE FL 32216							`	
SHOULD I E SELIO							DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed	l
							10/07/1996	
Principal Place of Business 2a. Mailing			Mailing Address	iling Address			4. FEI Number Applied Fo	
21			26				59-3409830 Not Applica	—
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired See Required	at
22			_ 27				· · · · · · · · · · · · · · · · · · ·	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	•
23			28				Trust Fund Contribution Added to Fees	
Zip Country			Zip Cou				8. This corporation owes the current year Intangible	
24	25 29 30		30			Personal Property Tax.		
	9. Name and Address of Currer	nt Regis	tered Agent	-	81	Name	10. Name and Address of New Registered Agent	
040	COME DIAMA DEED				81	Name		1
CASCONE, DIANA REED			İ	82 Street Add		Address (P.O. Box Number is Not Acceptable)		
860 ACAPULCO RD					83			
JACKSONVILLE FL 32216								
				}	84	City	FL 85 Zip Code	
)			1500 Et 11 Ot 1	41			FL	her
11, Pursuant office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Floridations of,	la. Such change was a Section 607.0505, Flo	uthorized rida Statu	by 1 tes.	the corpo	corporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registered	.
SIGNATURE							required when reinstating) DATE	- 1
					Agent	t signature n	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12
12.				_	13. 1.1 TITLE S			ddition
TITLE	VD		Deterie				15	
NAME	CAGOOTE, MICHAEL C					STEVEN D. CASCONE	ĺ	
STREET ADORESS							1200 1111222	
CITY-\$T-ZIP	JACKSONVILLE FL 32216			_			JACKSONVILLE, FL 32216	ddition
TITLE	PD		DELETE	2.1 TITLE			Change I h	dullon
NAME	HOIN, OFFICE II		2.2 NA]			
STREET ADDRESS				2,3 STREET ADDRESS		ADDRESS		l
CITY-ST-ZIP	0,10,110,011		2.4 CI	TY-8	T-ZIP		120	
TITLE	T	DELETE 3.1 T		3.1 TIT	LE		☐ Change ☐ Ad	ddition
NAME	CACCONE, DIMINITI		3.2 NA	ME			:	
STREET ADDRESS	860 ACAPULCO RD			3.3 ST	REET	ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216			3.4. CI	TY-5	T-ZIP		
TITLE		DELETE 4.1 T		4.1 TIT	LE		☐ Change ☐ Ar	ddition
NAME				4. 2 NAM				
STREET ADDRESS	4.3		4.3 ST	REET	ADDRESS			
CITY-ST-ZIP	4.4.0		4.4 CIT	Y-S1	r-ZIP			
TITLE			_	5.1 TITLE		Change A	ddition	
NAME				5.2 NA	ME			
STREET ADDRESS				5.3 ST	REET	ADDRESS		
1				5.4 Cf1				
CITY-ST-ZIP					Y-SI	(- ພ) :	1	
TITLE			☐ DELETE	6.1 TIT	_		Change A	ddition

CITY-ST-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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90006 030 ***150.00