## 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 # P97000018684

1. Corporation Name

**DENARICH CONSTRUCTION COMPANY** 

Principal Place of Rusiness

Mailing Address

## FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90017 032 \*\*\*150.00



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325 BRANTLEY		325 BRANTLEY CLUB PLACE LONGWOOD FL 32779					
LONGWOOD FL	. 32719	LONGHOOD IE 32773		DO NOT WRITE IN THIS	SPACE		
				3. Date Incorporated or Qualifed	•		
				02/27/1997			
2. Principal P	lace of Business	2a. Mailing Address	^ . /	4. FEI Number	App	lied For	
380L		26 3604 6	ColpaliALV	59-3436858	Not	Applicable	
	#, etc.	Suite, Apt. #, etc.		_	\$8.75 A	dditional	
a DRC	ANDO	27		5. Certifcate of Status Desired	Fee Red	quired	
City & State	A TO SUC	City & State		6. Election Campaign Financing	\$5.00	May Be	
23 OR L	ANDO FL	28 OKLANDO	17	Trust Fund Contribution	Added to	Fees	
Zip	Country		Country	8. This corporation owes the current year Int	angible		
ZJ 328	RO3 25 ORANGE	29 3/2/10 3 30	OKANGE	Personal Property Tax.	☐ Yes	□No	
[4]	9. Name and Address of Current	<u> </u>		10. Name and Address of New Registered	Agent		
		<u> </u>	81 Name				
MOS	SSERI, RICHARD		70 Over 4 4 dd	(D.O. Bay Number in Net Assentable)	<del>- 1</del>		
	BRANTLEY CLUB PLACE		82 Street Address	ess (P.O. Box Number is Not Acceptable)	DRIVE		
	GWOOD FL 32779		83	T C COOMINE	<del></del>		
2011	0.000 12 02.10						
			84 City R	LAJDO FL	85 Zip C	-KD 3	
11 Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes.:t	he above-named corp	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its	registered	2-
office or	egistered agent, or both, in the State of	f Florida. Such change was autho	rized by the corporation	on's board of directors. I hereby accept the appo	intment as reg	gistered	
· agent. Va	im fabiliar with, and arceptibe obligation	ons of, Section 607.0903, Fiolida	And S AA	(1/2)	195		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Regi	stered Agent signature required	d when reinstating) DATE	<del>                                      </del>	<del></del>	:
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	3
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME ,	MOSSERI, RICHARD		1.2 NAME	,			;
	AAE BOLLET EN OLLED DI LOE		1.3 STREET ADDRESS				i
STREET ADDRESS	LONGWOOD FL 32779		1.4 CITY-ST-ZIP				i
CITY-ST-ZIP	D	☐ DELETÉ	2.1 TITLE		Change	☐ Addition	(
TITLE	l ~ .		22 NAME				
NAME	MOSSERI, YARDENA		2.3 STREET ADDRESS				
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NAME	l i		3.2 NAME				
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		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change	Addition	

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 conforation 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, of on an attachment with an address, with all other like empowered.

6.4 CITY-\$T-ZIP

SIGNATURE:

CITY-ST-ZIP