FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # **P97000019798**1. Corporation Name

SEC CONSTRUCTION, INC.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90064 034 ***150.00



Principal Place of Business Mailing Address					å 100 tidet tid søtit søkit ogtit galitt oprit delsk	11818 18111 18819	19164 1811 1891
1824 CRAYTON ROAD		1824 CRAYTON ROAD					
NAPLES FL 34102		NAPLES FL 34102		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					03/04/1997		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-3432315	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional
27					5. Certificate of Status Desireo	Fee Re	equired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	- 1
23		28			Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Country	y .	8. This corporation owes the current year in		.
24	25	(1	30		Personal Property Tax. 10. Name and Address of New Registered	Yes	XINo
	9. Name and Address of Curre	nt Registered Agent	81	Name		Agent	 -
AME	RILAWYER CHARTERED		· [DA	OUD SZEMPRUCH L	<u>کخو.</u>	
343 ALMERIA AVENUE				Street Add	tress (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134				3/6	O TATELLAND TIC.		
0011	TE CABELOTE SOLOT						
		7	84	City	PISS FL FI		Code /O_3
11 Pursuant	to the Brovistens of Sections 607 05	02 and 607 1508. Florida Statutes	s, the abov	e-named cor	poration submits this statement for the purpose of	changing its	registered
11. Pursuant to the provisions of Section 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar will, and accept the obligations of, Section 607.0505, Florida Statutes.							
	m familiar was and accept the obliga	ations of, Section 607.0303, Fibria	Ja Statute	э.			
SIGNATURE	Signature typed of printed name of registered age	ent and title if applicable. (NOTE: F	Registered Age	ent signature requir	red when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTO	DRS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	STEVENSON, ANDREW E		1.2 NAME		•		Ţ
STREET ADDRESS	1824 CRAYTON ROAD		1.3 STREE	T ADDRESS	•		[,
CITY-ST-ZIP	NAPLES FL 34102		1.4 CITY-	ST-ZIP			
TITLE	VSD	☐ DELETE	2.1 TITLE	. -	MEASUNE/SECRETARY WANG Goeckelen Steven	Change	☐ Addition
NAME	GOECKELER STEVENSON, M	MARY	2.2 NAME		usuy boeckelen steven	ريحد	ļ
STREET ADDRESS	1824 CRAYTON.ROAD		. 23 STREI	T ADDRESS		- 10 m	
CITY-ST-ZIP	NAPLES FL 34102		2. 4 CITY-	ST-ZIP	VAPCES, Pl. 34/02	<u>.</u>	d=,
TITLE		☐ DELETE	3.1 TITLE	2	HOMES V.P.	Change	Addition
NAME			3.2 NAME		HOMAS LUFT		
STREET ADDRESS			3.3 STREE	T ADDRESS /			}
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	CAPLES PL	Change	Addition
TITLE		☐ DELETE	4.1 TITLE		•	□ cuange	
NAME			4. 2 NAME				
STREET ADDRESS			4	T ADDRESS			
CITY-ST-ZIP		□ DELETE	4.4 CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			L_I change	
NAME			B .	ET ADDRESS			
STREET ADDRESS	,		5.4 CITY-				
CITY-ST-ZIP		DELETE	6.1 TITLE	V1-21		Change	Addition
TITLE			6.2 NAME	.			_ [
NAME OTDEET ADDRESS	'			ET ADDRESS			l
STREET ADORESS		1	6.4 CITY-				
CITY-ST-ZIP	i e e e e e e e e e e e e e e e e e e e	//	2.1 017 1		·		

CITY-ST-ZIP th this filips does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 iver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in the ent with an address, with all other like empowered. 14. I hereby certify that the information supplied with this filips indicated on this annual report or supplemental annual report officer or director of the corporation or the receiver of trust Block 12 or Block 13 if changed, or on an attachment with

SIGNATURE:

REQUIRED INTED NAME OF SIGNING OFFICER OR DIRECTOR

)263-7285