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**



05-17-1999 90032 016 ***150.00

DOCUN 1. Corporation	MENT # P9700001	9829 VOF					
Innte	ernational Constr	uction Holdin	g Cor	porati	.dr		
Principal Place	of Business	Mailing Address			r remitent tieten illitt messe neuse men	IN ICION DISIL DUSIS	
8825 BOGGY CREEK ROAD 8825 BOGGY CREEK ROAD							
ORLANDO FL 32824 ORLANDO FL 32824					DO NOT WRITE IN THI	S SDACE	
ļ					Date Incorporated or Qualifed	- SFACE	
					2/24/97		==
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26				Not	Applicabl —
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27	<u>-</u>		J. Germans of Claus Position	Fee Red	
City & State	е	City & State	_		6. Election Campaign Financing	\$5.00	
23	Country	Zip	Countr		Trust Fund Contribution	Added to	o Fees
Zip	25		30	у	This corporation owes the current year I Personal Property Tax.		□No
24	9. Name and Address of Current		301		10. Name and Address of New Registere		= = :
			8	1 Name			
	essert, Gregory		8	2 Stead Add	dress (P.O. Box Number is Not Acceptable)		
	325 Boggy Creek R		"	Z Sileer Aud	itess (F.O. Dox Mulliber is Not Acceptable)		= ;
Or	clando, Florida 3	2824	8	3			
ļ			8	4 City		. 85 Zip C	Code = 1
					<u>_</u> <u></u>	L `	=
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ve-named cor	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its	registerec ==:
agent. La	m familiar with, and accept the obligati	ons of Section 607.0505. Flor	ida Statute	es.	and a board or directors. Thoroby descript the dep		,
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SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ag		red when reinstating) DATE	AND DIRECTO	PS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Ag	ent signature requi	od when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Ag 13. 1.1 TITLE	ent signalure requi	,		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D PARRAMORE, WILLIAM E	and title if applicable. (NOTE:	Registered Ag 13. 1.1 TITLE	ent signature requi	,		
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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 time an involve of the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE: