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 # **P97000038487**1. Corporation Name

CURRENT DESIGNS CONTRACTING, INC.

Principal Place										
6901 CYPRESS ROAD 6901 CYPRESS ROAD										
APT 18-D APT 18-D							DO NOT WE	NTE INITING	CDACE	
PLANTATION FL 33317 PLANTATION FL 33317						0 Data lance	DO NOT WE		SPACE	
						04/30/19		<u>. </u>		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Numb				plied For
21		26				65-0762	2064			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate	of Status Desired		\$8.75 A Fee Re	
22 27							ampaign Financing		\$5.00	May Be
23		28					Contribution	' □	Added t	
Zíp	Country	Zip	Countr	у		8. This corpo	ration owes the cu	rrent year In	tangible	
24	25	29	30				Property Tax.	•	Æ Yes	□No
	9. Name and Address of Current					10. Name and	Address of New	Registered	Agent	
			81	Name			<u> </u>			-
PETF	RICS, ISTVAN		-		A -1 -1	(D.O. Berry N.		toble)		
6901 CYPRESS ROAD				82 Street Address (P.O. Box Number is Not Acceptable)					. 1	
APT 18-D				3						
PLAN	ITATION FL 33317			1						
			84	4 City				FL	85 Zip (Code
agent. I a	to the provisions of Sections 607, 950. gistered agent, or both, in the Sidate of the	tions of, Section 607.0505, Florid ISTVAN	da Statute PE TI	EICS		when reinstating)	DENT	DATE	21/9	9
12.	OFFICERS AN	DIRECTORS	13.			ADDITIONS	CHANGES TO O	FFICERS A		
TITLE	PT	☐ DELETE	1,1 TITLE		_				☐ Change	☐ Addition
NAME	BATIAN, ROVEIK		1.2 NAME		$ \mathcal{R} $	DUBIK	BATIA	/ Y		
STREET ADDRESS	7911 NW-11-ST		1.3 STREI	T ADDRESS	トブ	711 NU	1187.	-		
CITY-ST-ZIP	PLANTATION:FL=33322		1.4 CITY-	ST-ZiP	P	LANTA	MON, A	L 33.	322	
TITLE	VDS	☐ DELETE	2.1 TITLE					,	☐ Change	☐ Addition
NAME	PETRICS, ISTVAN		2.2 NAME							}
STREET ADDRESS	6901 CYPRESS ROAD 18-D		2.3 STRE	ET ADDRESS						
CITY-ST-ZIP	PLANTATION FL 33317		2. 4 CITY-			• • • • • • • • • • • • • • • • • • • •	•			
TITLE		☐ DELETE	3.1 TITLE	*		-			☐ Change	Addition
NAME		_	3 2 NAME							
STREET ADDRESS				ET ADDRESS						
			3.4. CITY-					٠-		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		1				Change	Addition
NAME		_	4, 2 NAME	=						
STREET ADDRESS			1	- Et address						
			4.4 CITY-							
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	-1-4I	†	1.240			☐ Change	Addition
			5.2 NAME						-	1
NAME STREET ADDRESS		•	•	ET ADDRESS						
STREET ADDRESS			5.4 CITY-							
CITY-ST-ZIP		DELETÉ	6.1 TITLE		1				Change	Addition
TITLE		_ 5522.5	6.2 NAME							
NAME				ET ADDRESS						
STREET ADDRESS			E		1					l l

6.4 CITY-ST-ZIP

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:

CITY-ST-ZIP

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90008 024 ***150.00