

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90226 037 ***158.75

DOCUMENT # P97000045430

1. Corporation Name

FEDERAL RESTORATIONS GROUP INC



Principal Place of Business

~~1446 NW BOCA RATON BLVD, SUITE 103~~
~~BOCA RATON FL 33432~~

Mailing Address

~~1446 NW BOCA RATON BLVD, SUITE 103~~
~~BOCA RATON FL 33432~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1997

4. FEI Number

65-0765834

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

☒ No

2. Principal Place of Business

21 2508 N.W. BOCA RATON Blvd

Suite, Apt. #, etc.

22 N/A

City & State

23 BOCA RATON FL

Zip

24 33431

Country

25 US

2a. Mailing Address

26 2508 N.W. BOCA RATON Blvd

Suite, Apt. #, etc.

27 N/A

City & State

28 BOCA RATON FL

Zip

29 33431

Country

30 US

9. Name and Address of Current Registered Agent

THOMPSON, L.R.

~~1446 NW BOCA RATON BLVD, SUITE 103~~
~~BOCA RATON FL 33432~~

10. Name and Address of New Registered Agent

81 Name

L. R. Thompson

82 Street Address (P.O. Box Number is Not Acceptable)

2508 N.W. BOCA RATON Blvd

83

84 City

BOCA RATON

FL

85 Zip Code

33431

11. Pursuant to the provisions of Sections 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 with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C/T ☐ DELETE

NAME THOMPSON, L.R.
STREET ADDRESS 1446 NW BOCA RATON BLVD, SUITE 103
CITY-ST-ZIP BOCA RATON FL 33432

TITLE P ☐ DELETE

NAME POKARNY, JUNE
STREET ADDRESS 1446 NW BOCA RATON BLVD, SUITE 103
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/T Thompson, L. R. ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 2508 N.W. BOCA RATON Blvd.
1.4 CITY-ST-ZIP BOCA RATON, FL 33431

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME POKARNY, JUNE
2.3 STREET ADDRESS 2508 N.W. BOCA RATON Blvd
2.4 CITY-ST-ZIP BOCA RATON, FL 33431

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99 561-362-0218

0337501

CR2E034 (11/98)