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 # **P97000082176**1. Corporation Name

STREET ADDRESS

EAST COAST CONTRACTING, INC.

LAST OC		•									
Principal Place	e of Business	Mailing Add	ress					BUIST OF 10	3114 11881	11817 188	30 MIN 1991
1463 MOUNT LAUREL DR. 1463 MOUNT LAUREL DR.											
WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708							DO NOT WRITE	E IN THIS	SPACE		
		•				•	3. Date Incorporated or Qualifed				
							09/23/1997				1
2 Principal Pl	lace of Business	2a. Mailing	Address				4. FEI Number			Appl	ied For
· · ·	, war 050				59-3467995			-	Applicable		
Suite, Apt.	#. etc.	26 Suite, Ar	ot. #, etc.				 	7	\$8.7	75 Ad	ditional
22 27							5. Certificate of Status Desired Fee Required				
City & State	e		y & State				6. Election Campaign Financing \$5.00 May Be				
23		28					Trust Fund Contribution			ded to	
Zip	Country	Zip		Count	try		8. This corporation owes the curre	nt year Inta	angible	_	_ \
24	25	29	30	<u> </u>			Personal Property Tax.		Yes		No
	9. Name and Address of Curre	nt Registered Ag	ent				10. Name and Address of New Re	gistered /	Agent		
				8	31	Name					
KAMINSKI, GEORGE 1463 MOUNT LAUREL DR.					32	Street Addre	iss (P.O. Box Number is Not Acceptable)				
					000.7.00.7						
WINT	TER SPRINGS FL 32708			8	33						
				٠	B4	City			85	Zip Co	de .
				ì	- (•	oration submits this statement for the	<u>FŁ</u>	. -		}
office or n agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered as	gations of, Section	607.05 0 5, F10Na	a Statut	es.	t signature required		DATE			
12.	OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	ICERS AN			
TITLE	PD		☐ DELETE	1.1 TITL	E	}			☐ Cha	nge	Addition
NAME	KAMINSKI, GEORGE			1.2 NAME							
STREET ADDRESS	1463 MOUNT LAUREL DR.			1.3 STRI	EET,	ADDRESS					
CITY-ST-ZIP	WINTER SPRINGS FL 32708			1.4 CITY	/-ST-	r-ZIP					
TITLÉ		<u> </u>	DELETE	2.1 TITU	E		•		Cha	nge	☐ Addition
NAME				2.2 NAM	Æ						
STREET ADDRESS	}			2.3 STR	EET.	ADDRESS		<u>-</u>			_
CITY-ST-ZIP				2.4 CIT	Y-ST	T-ZIP					
TITLE			DELETE	3.1 TITL	E				[]] Cha	ınge	Addition
NAME				3.2 NAM	Æ	}					}
STREET ADDRESS				3.3 STR	EET	ADDRESS					
CITY-\$T-ZIP				3.4. CIT	Y-ST	T-ZiP					
TITLE			DELETE	4,1 TITL	Ε				Cha	inge	☐ Addition
NAME				4. 2 NAM	ME						ļ
STREET ADORESS				4.3 STR	EET	ADDRESS		•			
CITY-ST-ZIP	L			4.4 CITY	Y-ST	T-ZIP					
TITLE			DELETE	5.1 TITL					Cha	inge	☐ Addition
NAME				5.2 NAM		ļ					Ì
STREET ADDRESS				ž –		ADDRESS					ļ
CITY-ST-ZIP	<u> </u>			5.4 CITY		r-ZIP					
TITLE			DELETE	6.1 TITL	E	ì			Cha	ange	☐ 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 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.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4-28-99 1-407-366-6704

FILED

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90200 005 ***158.75