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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90031 005 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000087822

1. Corporation Name

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

超級 1.446年1.5月

CITY-ST-ZIP

TML CONSTRUCTION COMPANY, INC.

Principal Place of Business Mailing Address					- I EDDITERY ING ITIEN ITANII ORALL OTIIN BANK	<b>                                    </b>	
6204 LANSDOWNE CIRCLE 6204 LANSDOWNE CIRCLE							
BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437							
	•				DO NOT WRITE IN	THIS SPACE	
İ					3. Date Incorporated or Qualifed		
					10/10/1997		
<b>├</b> ~	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21		26		_	59-0155625	Not Applicable	
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional	
22		27			3; Carticate of Status Desired	Fee Required	
City & Sta	ite .	City & State			6. Election Campaign Financing	\$5.00 May Be	
23	·	28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes the current ye	ar Intangible	
24	[25]	29	30		Personal Property Tax.	∐Yes ∐No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
140	VOWEY TRACTUY		81	Name			
LASKOWSKI, TIMOTHY J					Address (P.O. Box Number is Not Acceptable)		
6204 CANODOVINE CINCLE				Street Addi	ess (F.O. Box Number is Not Acceptable)		
BOYNTON BEACH FL 33437				83			
			84		<u>。                                     </u>		
. *				City	The second secon	85 Zip Code	
11. Pursuant	to the provisions of Sections 607,0502	and 607,1508. Florida Statu	tes the abov	.l re-named com	oration submits this statement for the purpo-	of changing its registered	
i - Omco Ori	registered agent, or both, in the State of am familiar with, and accept the obligatio	riorida. Such change was a	autnorizea nv	the comporatio	on's board of directors. I hereby accept the a	ppointment as registered	
		ris oi, section 607.0505, Fit	onda Statutes	5.	•		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
12.	OFFICERS AND		13.	ognotaro roquino	ADDITIONS/CHANGES TO OFFICER		
TITLE	D	☐ DELETE	1.1 TITLE	-	ADDITIONS/CHANGES TO OFFICER	Change Addition	
NAME	LASKOWSKI, TIMOTHY J		1.2 NAME		· · · · · ·		
STREET ADDRESS	6204 LANSDOWNE CIRCLE			T ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33437					i	
TITLE	D	□ DELETE	1.4 CITY-S 2.1 TITLE	ST-ZIP	<del> </del>		
NAME	LASKOWSKI, MICHELLE H			ſ		☐ Change ☐ Addition	
	6204 LANSDOWNE CIRCLE		2.2 NAME		,		
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33437	Therese	2. 4 CITY- 5	ST-ZIP			
TITLE Las	KAMPAN IDMOARE (	· · · □ DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME :		C .	3.2 NAME				
STREET ADDRESS	Wice all years of their		3.3 STREE	TADDRESS		والعرادية وورا والأدادي	
CITY-ST-ZIP			3.4. CfTY-5	ST-ZIP	<u> </u>		
TITLE		☐ DELETE	4.1 TITLE		2 3 3 3 3	Change Addition	
NAME comparations are	l Autoria de la Companya de la Compa		4. 2 NAME				
			4.3 STREET	TADDRESS			
CITY-ST-ZIP	* **	a versa a la	44 CITY-S			•	

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 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4.4 CITY-ST-ZIP

5.3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

☐ Change

Change

\_\_\_ Addition

☐ Addition