Apr 20, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000105981

1. Corporation Name

NATIONAL CONTRACTING SOLUTIONS, INC.

Principal Place of Business	Mailing Address							
3876 SW 112TH AVE	3876 SW 112TH AVE							
STE 78 MIAMI FL 33165	STE 178 MIAMI FL 33165				DO NOT W	RITE IN THIS	SPACE	
US	US				3. Date Incorporated or Qualife	ed	•	
					12/17/1997			
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21	26				<u>65-0799996</u>			t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	
22	27 City 8 Ct-4-				 		Fee Re	<u>·</u>
City & State	City & State			-	Election Campaign Financin Trust Fund Contribution	^g ~ \square	\$5.00 Added 1	•
Zip Country	Zip	Cour	ntrv		8. This corporation owes the c	urrent vear Int		101000
24 25		30	,		Personal Property Tax.	arront your un	Yes	□No
9. Name and Address of Current		1			10. Name and Address of New	v Registered	Agent	
			81	Name		<u> </u>		
BARCLAY, EDWIN D.		}	82	Street Addre	ess (P.O. Box Number is Not Acce	ntable)		
3876 SW 112TH AVE			02	Stieet Moure	BSS (F.O. BOX NUMBER IS NOT ACCE			
STE 178			83					
MIAMI FL 33165		}	84	City			85 Zip	Code
				•		FL	.	
	and 607 1500 Florida Statutor	s, the ab		named corne	oration submits this statement for t	he purpose of	changing its	registered
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the diligation.	f Florida. Such change was au ons of, Section 607.0505, Flori	da Statu	חז עם	e corporatio	on's board of directors. I hereby ac	cept the appoi	ntment as re	gistered
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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 trystee 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

<u>305-553</u>7)90