## 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 # P97000106856

1. Corporation Name

JARCO CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90218 011 \*\*\*150.00



120 SE 4 AVENUE. SUITE 1 120 SE 4 AVENUE. SUITE 1 HALLANDALE FL 33009 HALLANDALE FL 33009									
HALLANDALE F	L 33009	MALLANDALE PL 33003				DO NOT WRIT	E IN THIS SPACE		
					3. Date Incorpor	ated or Qualifed			
	_				12/22/199	7			
2, Principal Pl	ace of Business	2a. Mailing Address	<u> </u>		4. FEI Number			_Appl	ied.For
21 8 25	SE2MST	26 325 SE	2	45	65-080151	3		Not.	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		,	5. Certifcate of S	Status Desired	1 1	<b>75</b> Ad ee Req	iditional uired
City & State City & State - CR 23 HALLANGALE FL. 28 HALLANGA				سستيار	6. Election Cam Trust Fund Co		1 1	.00 M	,
Zip	Country	Zip <b>46</b>	Country			on owes the curre	ent year Intangible		
24 <i>330</i> 0	9 25 BROWARD	29 33004 30	BRO	WAR	d Personal Prop		☐ Ye:		ZNo
	9. Name and Address of Current	Registered Agent			10. Name and A	ddress of New R	egistered Agent		
CALL	ALIAN DODERT		81	Name					
CALLAHAN, ROBERT 120 SE 4 AVENUE, SUITE 7				82 Street Address (P.O. Box Number is Not Acceptable)					
HALLANDALE FL 33009						<del>-</del>			
			84	City			FL 85	Zip Co	ode
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the above	-named o	corporation submits this	statement for the	purpose of changi	ng its re	egistered
office or re	egistered agent, or both, in the State of	' Florida. Such change was auth	onzed by 1	ine corpo	ration's board of director	s. I hereby accep	t the appointment	as regi	stered
	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ageni	t signature re	equired when reinstating)		DATE	-	
12. OFFICERS AND DIRECTORS 13.						HANGES TO OFF	ICERS AND DIR	CTOR	S IN 12
TITLE	DP	<b>☑</b> DELETE	1.1 TITLE		D.P.		E Ch		☐ Addition
NAME	STEFANOVICI, TODOR		1.2 NAME		EdWARD J	BABIK			
STREET ADDRESS	120 SOUTHEAST 4TH AVENUE	SUITE 4	1.3 STREET	ADDRESS	5421 NE. 1	6 AVE			
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY-ST		FT. LAND F	-L. 3330	8		_
TITLE		☐ DELETE	2.1 TITLE				☐ Ch	ange	Addition
NAME		_	2.2 NAME						
STREET ADDRESS			2.3 STREET	ADDRESS	<del></del>				
			2.4 CITY-S	1					
CITY-ST-ZIP		☐ DELETE	3.1 TITLE		<del></del>		☐ Ch	ange	Addition
NAME		<del>_</del>	3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
			3.4. CITY-S	- 1					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	ı - £AF				ange	Addition
NAME		<b>—</b>	4.2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST	·ZIP					
TITLE		☐ DELETE	5.1 TITLE				Ch	ange	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST	-ZIP					
TITLE		☐ DELETE	6.1 TITLE				C) Ch	ange	Addition Addition
NAME			6.2 NAME						
STREET ADDRESS			63 STREET	ADDRESS					
CITY-ST-ZIP			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: