

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT CE STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90024 030 ***150.00

DOCUMENT # P98000004808

| F. VICINO DRYWALL II, INC. | | | | | | | | A TORRHORY HIE FRICE IR HE FRIM RANN A | | in 81181 1811 (| REITH ION FOOT | |
|--|--|-----------|----------------------------|--------------------|-----------------|------------------------|-------------------|--|-------------|---------------------------------------|-----------------------|-----------------|
| | | | | | | | ŀ | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | A (BEIGHAL ING COLOUR SOUR BOND | *********** | 11, 1.101 10 | | |
| 200 S.W. 172TH AVENUE 200 S.W. 172TH AVENUE | | | | | | | ſ | | | | | |
| PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 | | | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | - | 3. Date Incorporated or Qualifed | | | | 1 |
| <u> </u> | | | | | | | | 01/09/1998 | | - 11 7 ; | | 1 |
| <u> </u> | lace of Business | Ь | . Mailing Address | | | | | 4. FEI Number | 10 | <u> </u> | olied For | - |
| 21 | | | Suite Act # etc | | | | | 165-081004 | 7 | \$8.75 A | Applicable | 1 |
| Suite, Apt. #, etc. | | | Suite, Apl. #, etc. | | | | | 5. Certificate of Status Desired [| o | Fee Re | | ١. |
| 22 | | | City & State | | | | | 6. Election Campaign Financing | | | | 1 |
| City & State | | | 28 | | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | | 1 |
| Zip | Country | 20 | Zip | Cou | ntry | | | 8. This corporation owes the current | t vear Inta | | | 1 |
| 24 25 | | | 9 30 | | | | | Personal Property Tax. | | Yes ` | ⊠No - | |
| ²⁴ | 9. Name and Address of Current | | | | _ | | | 10. Name and Address of New Reg | istered A | gent | | 1 |
| The state of the s | | | | | | 81 Name | | | | | | |
| VICIN | NO, FRANK SR | | | | | C | | a (D.O. Say Number is Not Accountable | <u> </u> | | | 1 |
| 200 S.W. 172TH AVENUE | | | | | 82 Street Addre | | | s (P.O. Box Number is Not Acceptable | e) | | | |
| PEMBROKE PINES FL 33029 | | | | | 83 | | | | | | | 1 |
| | | | | | | | | · · · · · · · · · · · · · · · · · · · | | Tarl 2:- C | `ada | 4 |
| | | | | | 84 | City | | | FL | 85 Zip C | ,00 8 | |
| l office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State of | гноп | da. Such change was auc | nonzec | υÇΥ | ин согрс | corpora ration | ation submits this statement for the pu s board of directors. I hereby accept the | rpose of c | hanging its ment as reg | registered Istered | } |
| | m familiar with, and accept the obligation | ons o | r, Section 607.0505, Plono | ia Sian | .ces | | | | | | | l |
| SIGNATURE | Signature, typed or printed name of registered agent | and title | Y spolicable. (NOTE: R | egistered | Agen | t signature A | quered w | hen reinstating) | DATE | | | € |
| 12. | OFFICERS AND DIRECTORS | | | 13. | | | | ADDITIONS/CHANGES TO OFFIC | CERS AND | DIRECTO | | CR2E034 (11/98) |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | | څد | exetaly | | Z Change | ☐ Addition | Ξ | |
| NAME | VICINO, FRANK SR | | | 1.2 N | ME | Ī | FA | ANK VICINO SK, | 4.+ | .m37 | | 8 |
| STREET ADDRESS 200 S.W. 172TH AVENUE | | | | 1.3 STREET AC | | | 3/0 | FAMILY VICINO SL 3100, N. BEEAN BLVD HAT 1507 | | | | |
| CITY-ST-ZIP PEMBROKE PINES FL 33029 | | | | | | .4 CITY-51-ZIP /7 | | Landerdale, TL | <u> </u> | 00 | Marilla a state | 另 |
| TITLE | | | DELETE | 2.1 TI | LI TITLE P | | PK | es . | | Change | Addition | - |
| NAME | | | | | 22 NAME FA | | FK | AMK VICINO JR. | | | | |
| STREET ADDRESS | | | | | | 2.3 STREET ADDRESS 141 | | INNETONKA Kd | . | , _ : | . . | Į . |
| CITY-ST-ZIP | | | | | | 2.4 CITY-ST-ZIP Se | | ANK VICINO TR VINNETONKA Rd KANCH LAKE, I | 4-3 | 3308 | FT 4.468 | 1 |
| TITLE | | | ☐ DELETE | 3.1 TITLE | | | | - | | Change | Addition | |
| NAME | | | | 3.2 NAME | | | | | | | | 1 |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | | | | | 1 | |
| CITY-ST-ZIP | | | | 3.4. CITY-ST-ZIP | | | | | CT Change | T Addr | 4 | |
| IIILE = | DELETE | | 4.1 TIRE | | | | | Change | | 1 | | |
| NAME | | | | 4.2 N | | | | | | | | |
| STREET ADDRESS | | | | 4.3 \$1 | REET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | CITY-ST-ZIP | | <u> </u> | | E3.Channa | D halia- | 4 |
| MILE | | | ☐ DELETE | | | | | • | | Change | Addition | 1 1 |
| NAME | | | | 5.2 NAM | | j | | | | | | |
| STREET ADDRESS | | | | 4 | | ADORESS | | | | | | l [;] |
| CITY-ST-ZIP | | | | 5.4 C/ 6.1 TI | | -ZP | | | | Change | Addition | ┨ |
| TITLE | | | ☐ DELETE | | | | | | | ^ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | 1 |) |
| NAME | | | | 6.2 NA | | ADDRESS | | | | | | 1 |
| · | I | | | ■ 63ST | ×FF[| ALLINESS I | | | | | | |

6.4 CITY-ST-ZP

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 lis 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 processor 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 endress, with all other like empowered.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR 3/3/99 954-450-6020

Dayling Phone 8