## 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 # P98000026484

1. Corporation Name

TAYCON CONSTRUCTION MANAGEMENT INC.

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90017 033 \*\*\*150.00



Principal Place of Business Mailing Address								1 (52)(52) (12 (2)) (2)(1 (2))(1 (2))(1			
			6419 LONGLEAF PINE DRIVE JUPITER FL 33458					DO NOT WRITE IN	THIS S	SPACE	
i i		•						3. Date Incorporated or Qualifed			
	of the second						Ì	03/19/1998			
2. Principal P	ace of Business	2a	. Mailing Address				- 4	I. FEI Number		Ap	oplied For
21/0276	KINERSIDE DRIVE	26	SAM	E				<i>65-</i> 0830774		No	ot Applicable
Suite, Apt.		1	Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75	Additional
22		27					1	5. Certificate of Status Desired		Fee R	equired
City & Stat			City & State_PAL	M_BE	AC	1.GAR	DENS!	Election Campaign Financing		<b>\$5.00</b>	May.Be
23 PALM	BEACH GARDENS FL	28	FLORIC	) <u>A</u>				Trust Fund Contribution		Added	to Fees
Zip	Country				USA			<ol><li>This corporation owes the current ye</li></ol>		-	
24	25	29	33410	30	$\underline{\mathbf{v}}$	<u> </u>		Personal Property Tax.		∐ Yes	No
	9. Name and Address of Current	Regis	stered Agent		1	Γ	1	<ol><li>Name and Address of New Regist</li></ol>	ered A	gent	
22.1	NA DANIEL I				81	Name					
BRAMS, DANIEL J					82	Street Address (P.O. Box Number is Not Acceptable)					
	PALM BEACH LAKES BLVD STE	1050	U		L		·				
WES	T PALM BEACH FL 33401	.)}	Managara Sanggara		83	}					
en Funcio		( )	Supplied that	54	84	City				85 Zip	Code
	to the provisions of Sections 697,0502 egistered agent, or both, in the State o m familiar with, and accept the obligati					'		is the second of the second	<u>FL</u>	ا	<u> </u>
SIGNATURE	Signature, typed or printed hands of projectered agent	and title	e if applicable. (N	OTE: Register	ed Agei				ATE		
12.	/ OFFICERS AND	DIRE	ECTORS DELETE	1:			017	ADDITIONS/CHANGES TO OFFICE	19 MINI	Change	Addition
TITLE	D		□ pereie		TITLE		7/-	•		<b>Ja</b> 0	
NAME	SZYNDLAR, GARRY J			1	NAME						
STREET ADDRESS	6419 LONGLEAF PINE DRIVE					TADDRESS					/
CITY-ST-ZIP	JUPITER FL 33458		☐ DELETE		CITY-S		VP			Change	Addition
TITLE					NAME		2080	ERT W. RAME III	,		_
NAME	•					T +DDDC00	1025	LA RIVERSIDE DEIVE	7		
STREET ADDRESS	•							BEACH GARDENS		. 23	410
CITY-ST-ZIP			DELETE		TITLE	S1-ZIP[	S	C DEALA DAILVERS	-1- V	Change	Addition
TITLE					NAME		13 ×	I HENCCUEL			
NAME						T ADDRESS	1023	LY HENSCHEL GRIVERGIOE DEN	5		
STREET ADDRESS						1 ADDAESS	02.4	BEACH GARDENS, F		334/0	5 /
CITY-ST-ZIP			☐ DELETE		. CITY-S	51-ZIP	7	DEACH GHAVENS, 1		Change	Addition
TITLE				1	NAME	-	BAR	BARA J. SZYHOLA	2		
NAME						TARRESS	LAHIE	LONGLEAF PINE D	٤.		
STREET ADDRESS					CITY-S			ITER , FL 3345			
CITY-ST-ZIP TITLE			☐ DELETE		TITLE	11-21	r	11.C.C. , F.C. 2012		Change	☐ Addition
					NAME	Ì	1				
NAME STREET ADORESS	• •					TADDRESS		<del>.</del>			
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CITY-ST-ZIP	<u> </u>		☐ DELETE		TITLE					Change	Addition
NAME					NAME					_ ,	
				1		TADDRESS				•	
STREET ADDRESS CITY-ST-ZIP	,			6.4	CITY-S	T-ZIP					
O111-01-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 of 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 of an attachment with an address, with all other like empowered.

SIGNATURE: 5

RINTED NAME OF SIGNING OFFICER OR DIRECTOR