

PROFIT CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 25, 1999 8:00 am Secretary of State 03-25-1999 90006 015 \*\*\*150.00

DOCUMENT # P9800	0027978

<ol> <li>Corporation</li> </ol>	n Name ,				1			
UNLIMET	ED CONTRACTING, INC.							
						INDIANA AND AND	HIR MEAN.	
				- <del>,</del> ,	: <del></del>			
Principal Place	e of Business	Mailing Address				i itates cumen chess	INP#1   \$11   PB1	
904 NW 3 AVE		904 NW 3 AVE						
FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311				DO NOT WEITE IN TUI	C CDACE			
·					DO NOT WRITE IN THE	SPACE		1
			•		3. Date Incorporated or Qualifed			
					03/25/1998 4. FEI Number		plied For	1
2. Principal Pi	lace of Business	2a. Mailing Address			65-088-2350	<del>  </del>	t Applicable	1
21		26			65-000-2330	\$8.75		1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	- <u></u>		5. Certificate of Status Desired	Fee Re	quired	
City & Stat	E AND MAINTAIN THE THE THE	City & State			6. Election Campaign Financing	\$5.00		
23	, , , , , , , , , , , , , , , , , , ,	28			Trust Fund Contribution	Added t	o Fees	ł
Zip	Country	Zip	Country	•	8. This corporation owes the current year tr		□No	
24	25	29	30		Personal Property Tax.		LIND	ł
	9. Name and Address of Current	Registered Agent	81 Name		10. Name and Address of New Registered	Agent		1
MAT	WE NEW		LE LE	CN	est Williams			1
MATHIS, NEIL				ss (P.O. Box Number is Not Acceptable)			1	
2800 SOMERSET DRIVE BLDG J-310		83	4 1	VW 3rd Bre		<del></del>	(	
LAU	DERDALE LAKES FL 33311		[83]					
			84 City	11	nu decdala FI	85 Zip G	LC	,
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the above-named	corpo	ration submits this statement for the purpose of sold of directors. I hereby accept the appoint	changing its	registered	
office or r	egistered agent, or both, in the State of	of Florida. Such change was a ions of, Section 607,0505, Flo	uthorized by the corp rida Statutes.	xoration	's board of directors, I hereby accept the appo	numiscut sa rei	Arata an	1
,	7 aust williais				Frank Willi	AMS		}
SIGNATURE	Stigrature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature	required t	when reinstating) DATE			<b>€</b>
12.	. OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO Mange	Addition	CR2E034 (11/98)
πιε	D	DELETE	1.1 TITLE	D		(K) Change	☐ M(Million)	Ξ
NAME	MATHIS, GERALDINE		1.2 NAME	E	-Nest Williams			[ 형
STREET ADDRESS	T *		1,3 STREET ADDRESS	90	4 Na 3-d Ave Landerdoin Fl 53511			12
CITY-ST-ZIP	FT LAUDERDALE FL 33311	Florier	1.4 CiTY-ST-ZIP	F4	Louberdola Fl 38511	Change	Addition	18
mue	D	☐ DELETE	2.1 TILE	}		Comme		1
NAME I	MATHIS, NEIL	•	2.2 NAME					'
STREET ADDRESS	904 NW 3 AVE		2.3 STREET ADDRESS	l				l
CITY-ST-ZIP	FT LAUDERDALE FL 33311	——————————————————————————————————————	2.4 CITY-ST-ZIP	<del> </del>		☐ Change	☐ Addition	i
TITLE		☐ DETELE	3.1 TITLE			T amag		
NAME		دميا يحبدننك بالمصاد للتكالب	12NWE	:			<del></del>	
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CITY-ST-ZIP			3.4. CITY-ST-ZIP	<del> </del>		[] Change	Addition	1
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NAME			4. 2 NAME	1				
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CITY-ST-ZIP	<u> </u>	- DELETE	4.4 CITY-ST-ZIP	<del> </del>		Change	Addition	1
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NAME '				<b>.</b>	عن المراجع الم	- شتر. السر - حرف رنس	1 to	- :
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mue		☐ NCTE I C	62 NAME					1
NAME	•			1				1
STREET ADDRESS			6.3 STREET ADDRESS					1
CITY-ST-700			6.4 CITY-ST-ZIP	ł .				1

14. I bereby 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 ennual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.