## 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 # P98000036931

. A PLUS BUILDERS, INC.

·	
Principal Place of Business	Mailing Address
3000 N. OCEAN DRIVE #12D SINGER ISLAND FL 33404	3000 N. OCEAN DRIVE #12D SINGER ISLAND FL 33404

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90095 042 \*\*\*150.00



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Principal Place of Business Mailing Address								
3000 N. OCEAN DRIVE #12D 3000 N. OCEAN DRIVE #12D								
SINGER ISLAND	FL 33404	SINGER ISLAND FL 33404			DO NOT WRITE IN 1	THIS SPACE		
	•				3. Date Incorporated or Qualifed		. <u></u>	
					04/23/1998			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0829652		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	• -	5 Additional	
22		27			J. Columnia of the second		e Required	
City & State		ಹಾದ -	and the second of 2 3/2	6. Election Campaign Financing \$5.00 May Be				
23		28	<u> </u>		Trust Fund Contribution		led to Fees	
Zip .	Country	— — —	Country		8. This corporation owes the current year	ar Intangible ∐Yes	<b>₩</b> No	
24	25	29 30			Personal Property Tax.  10. Name and Address of New Registor		<b>W</b> 2140	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registe	neu Agont		
WPI	GHT, FLOYD			1101110				
	N. OCEAN DRIVE #12D		82	Street Addr	Address (P.O. Box Number is Not Acceptable)			
	SER ISLAND FL 33404		83					
Siric	ALITIOCHIO I C 00707		63					
			84	City		FL 85	Zip Code	
		10074500 51-14-04 4 - 15-		named at-			a its registered	
office or r	agistored agent of both in the State (	ot Fiorida. Silch channe was allilloli	izeu ov	THE COLDULATION	oration submits this statement for the purpo on's board of directors. I hereby accept the a	appointment a	s registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida S	Statutes	i.				
SIGNATURE		d and title if applicable (NOTE: Casis	tered Age	nt signature required	d when reinstating) DA	re		
12	Signature, typed or printed name of registered agen OFFICERS AN		13.	alianara radina	ADDITIONS/CHANGES TO OFFICER		CTORS IN 12	
12. TITLE	D		I.1 TITLE			☐ Cha		
NAME	POIRIER, WILFRID		I.2 NAME					
	3 BALLARD VIEW CIRCLE			TADDRESS				
STREET ADDRESS	DERRY NH 03038	•	1.4 CITY-S				_	
CITY-ST-ZIP	D		2.1 TITLE	-		☐ Cha	nge Addition	
NAME	POIRIER, PRISCILLA		2.2 NAME					
i	3 BALLARD VIEW CIRCLE			T ADDRESS				
STREET ADDRESS	DERRY NH 03038		2. 4 CITY+5					
CITY-ST-ZIP	DENTI NII VOVOO		3.1 TITLE~			Cha	nge Addition	
NAME	WRIGHT, FLOYD	_	3.2 NAME		-			
STREET ADDRESS	3000 N. OCEAN DRIVE #12D	1		T ADDRESS				
	SINGER ISLAND FL 33404		3.4. CITY-5	ļ				
CITY-ST-ZIP TITLE	CHICALITICATION L COTOT		1.1 TITLE			Cha	nge Addition	
NAME		_	4. 2 NAME					
STREET ADDRESS				TADORESS				
			4.4 CITY-S	1				
CITY-ST-ZIP	-		5.1 TITLE		A CONTRACT OF THE CONTRACT OF	☐ Cha	inge Addition	
ļ			5.2 NAME			ستحرر .	-	
NAME	*			TADORESS				
STREET ADDRESS			5.4 CITY-S	j				
CITY-ST-ZIP			6.1 TITLE	···-		Cha	inge Addition	
TITLE	}		6.2 NAME					
NAME.		1		T ADDRESS				
STREET ADDRESS				i				
CITY-ST-ZIP			6.4 CITY - 5	1-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: