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

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90183 013 ***150.00

DOCUMENT # P98000042485

FASTRACK BUILDERS, INC.

Principal Place of Business Mailing Address								
3463 NO. RIDE		3463 NO. RIDE CIRCLE S	0					
JACKSONVILLE	FL 32223	JACKSONVILLE FL 32223				DO NOT WRITE IN THIS SPACE		
	••.					3. Date Incorporated or Qualifed		
						05/07/1998		
2. Principal 5	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Ap	pi ed For
24		26				59-3512381	No	t /\pplicable
Suite, Ap:	#, etc.	Suite, Apt. #, etc.					\$8.75	idditional
22		27			4. 8	5. Certificate of Status Desired	Fee Re	quired
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip Country		Zip Country				8. This co poration owes the current year Intangible		
24	25	29	30	,		Personal Property Tax.		[]No
	9. Name and Address of Curren	t Registered Agent		04		10. Name and Address of New Registered	Agent	
DDA	CONE DICHARD T			81	Name			
BRACONE, RICHARD T 3463 NO. RIDE CIRCLE SO.				82	Street Ad 1	tress (P.O. Box Number is Not Acceptable)		
	S NO. RIDE CIRCLE SO. KSONVILLE FL 32223			00				
JAI	NOUNVILLE FL 32223			83				
				84	City		85 Zip 0	ode
	<u> </u>	<u> </u>		1 _L		poration submits this statement for the purpose of	- 1 1	
SIGNATURE	Signature, typed or printed haine of registered ager	nt and title if applicable. (NO	T : Registered	Agent	signature requir	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	FIS IN 12
TITLE	D OFFICERS AN	DELETE	1,1 TI	TLE		ADDITIONAL TO GET TO EACH.	☐ Change	Addition
NAME	BRACONE, RICHARD T		1.2 N/					
STREET ADDRESS					ADDRESS	•		
	JACKSONVILLE FL 32223			TY-ST-				
TITLE	D	☐ DELETE	2.1 TJ				Change	Addition
NAME	BRACONE, SUSAN L		2.2 N	ME				İ
STREET ADDRESS	**** NO PIDE OFFICE	:	2351	REET A	ADDRESS	•		İ
CITY-ST-ZIP	JACKSONVILLE FL 32223		2 4 C	ITY-ST	- ZIP			
TITLE	UNIONO INVIELL 1 E OLLEG	☐ DELETE	31 TI				Change	Addition
NAME			3.2 N/	AME				
STREET ADDRESS		•	3.3 \$1	REET /	ADDRESS			,
CITY-ST-ZIP	<u> </u>		3.4. C	ITY-ST	-ZIP			. — —
TITLE		DELETE	4.1 TI	TLE		:	☐ Change	Addition
NAME			4 2 N	AME		ę – i		
STREET ADDR ISS			4.3 ST	REET	ADDRESS	•		
CITY-ST-ZIP				TY-ST-	ZIP	<u> </u>		
TITLE		☐ D£LETE	5.1 TI				Change	Addition
NAME			5.2 N/					
STREET ADDRESS			9		ADDRESS			
CITY-ST-ZIP				TY-ST-	-ZIP ·		Change	- Addition
TITLE		. DELETE	6.1 TI				☐ Change	Addition
NAME			6.2 N					
STREET ADDFESS	:		6.3 ST	IREET.	ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.(7(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementa annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that am an office or director of the corporation or the receiver or trustee empowered to execute this report as nequired by Chap er 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:

SIGNATURE:

SIGNATURE SIGNATURE SIGNATURE OF SIGNING OFFICE DEPTITED.

CR2E034 (11/98)