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 # **P98000047241** 1. Corporation Name

J.S. DEMOLITION CORP.

riled
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90110 007 ***150 00

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					<u></u>] 0 0 4 4 5 5		
Principal Place	e of Business	Mailing Address					
113 AVENUE E 113 AVENUE E							
COCO PLUM B		COCO PLUM BEACH MARATHON FL 33050	COCO PLUM BEACH		DO NOT WRITE IN THIS SPACE		
MARATHON FL 33050 MARATHON FL 33050					3. Date Incorporated or Qualifed		
					05/27/1998		Į
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21	••	26			65-0838927	. No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year Inta		
24	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent	\longrightarrow	81 Name	10. Name and Address of New Registered	ngent	
SUAREZ, JUAN E				vi Name	<u></u>		
	AVENUE E		Ī	82 Street Add	iress (P.O. Box Number is Not Acceptable)		
	O PLUM BEACH	•	}-	83			
	ATHON FL 33050			63			
mi/N)	MINISTER SOUND		ļ	84 City	FL	85 Zip (Code
					poration submits this statement for the purpose of	obonaina ita	rogistored
office or r agent. I a SIGNATURE	m familiar with, and accept the oblig	lations of, Section 607.0505, Florid	da Statu	les.	ion's board of directors. I hereby accept the appoin		
	Signature, typed or printed name of registered ag			Agent signature requir		D DIRECTO	DC IN 12
12.	, , , , , , , , , , , , , , , , , , , 	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	D CHADET HAN E	□ DEFE IC	1.1 TITL 1.2 NAM		-	□ - miga	
NAME	SUAREZ, JUAN E 113 AVENUE E, COCO PLUM BEACH MARATHON FL 33050		1	1		•	
STREET ADDRESS			1.3 STREET ADDRESS 1.4 City-St-ZiP				
CITY-ST-ZIP	MARA HON FL 33030 14.01 DELETE 2.1 III				Change	Addition	
TITLE		C Attric	2.2 NAJ	ì			}
NAME				REET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	3.1 TITI	ry-st-zip Le		Change	☐ Addition
TITLE			3.2 NA			_ •	
NAME expect apopted				REET ADDRESS			
STREET ADDRESS				TY-ST-ZIP			
CITY-ST-ZIP TITLE		□ DELETE	4,1 TITI			Change	Addition
NAME		<u>_</u> ·	4. 2 NA	ļ			
STREET ADDRESS			4	REET ADDRESS			
			I.	Y-ST-ZIP			
CITY-ST-ZIP TITLE	-	☐ DELETE	5.1 TITI			Change	Addition
NAME			5.2 NAJ	I .			l
STREET ADDRESS			5.3 ST	REET ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	6.1 TIT	LE		☐ Change	Addition
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 STI	REET ADDRESS			ľ
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP			
VII 1 - V 1 - 4.10	t.		_		· · · · · · · · · · · · · · · · · · ·		

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:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR