## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

## FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90051 031 \*\*\*150.00

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1. Corporation Name	100047749	1
UPSTATE CONSTRUCTION IN	C	
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Principal Place of Business	Mailing Address	

21495 WOODEH BOCA RATON F			21495 WOODCHUCK I BOCA RATON FL 334	ANE 28		DO NOT WRI	TE IN THIS SPACE	=	
						3. Date incorporated or Qualifed 05/26/1998	TE IN THIS OF ACE		
2 Principal Pl	lace of Business		2a. Mailing Address	<del></del>		4 FEI Number	<del>,                                    </del>	Applied Fo	ar .
21 204	PATHFINDE		26 204 PAT	THEWDER	CT. 1	38 -240 9705		Not Applic	able
Suite, Apt.		-	Suite, Apt. #, etc.	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>		5. Certifcate of Status Desired	1 1	75 Additiona ee Required	al le
City & State	e /	<u>_</u>	City & State			6. Election Campaign Financing	\$5	.00 May Be	
23 TRAVE	ELENS KEG	$\tau$ SC $z$	28 TRAVELE	NS KEST	.SC	Trust Fund Contribution		ided to Fees	
Zip 29.69	Coun 7 D 25 G/2	EENVILLE:	zip 29690	Country / 30 GP/SE	OVILLE	This corporation owes the curr Personal Property Tax.	Yes		
	_ 9. Name and Add	ress of Current Re	gistered Agent			10. Name and Address of New f	Registered Agent		
	USO, BARBARA 95 WOODCHUCK L	ANE			Street Addres	S (P.O. Box Number is Not Accept	2 able)		
	A RATON FL 3342			83	821.2	_N.W13 -1 C		<del></del>	
			•		City PLAN	UTATION.	FL	Zip Code	?
office or re	to the provisions of Se registered agent, or bo im familiar with, and a	th…in-the State of F	ionda, such change w	as authorized by the	amed corporation	ation submits this statement for the 's board of directors. I hereby accept	purpose of changing the appointment	ng its register as registered	ed
SIGNATURE	Signature, typed or printed na	me of registered agent and	title if applicable.	NOTE: Registered Agent sig	nature required w	hen reinstating)	DATE /	77	· : ] 🥫
12.		OFFICERS AND D		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRE		
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CITY-ST-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 truetee 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.

6.4 CITY-ST-ZIP

SIGNATURE