PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90099 012 ***150.00

DOCUMENT # P9800092364

1. Corporation	NSTRUCTION COMPANY, INC).			1 1888 1888 1888 1888 1				
Principal Place of Business Mailing Address 849 CARNATION DR 849 CARNATION DR SEBASTIAN FL 32958 SEBASTIAN FL 32959					DO NOT WRITE IN THIS SPACE				
		_			Date Incorporated or Qua 10/30/1998		_		
21 25	Mace of Business MURTLE ST.	2a. Mailing Address 26 25 M.M.V.R.	ΓLE	ST.	4. FEI Number 13-310 3	676		Applicable	
Suite, Apt.	#, e1c.	Suite, Apt. #, etc.			5. Certificate of Status Desire	»d 🗆	Fee Re	quired	
City & Stat	SHERE FLORIDA	City & State 28 FELLS MERE	E.	onior	S.: Election Campaign Finance Trust Fund Contribution	:ing =	\$5.00 i	May.Be Fees	-
Zip 24 3 2, 9	48 25 Erri USA	Zip 29 32948 30	Counti	SA	This corporation owes the Personal Property Tax.		Yes	□No	
	9. Name and Address of Current F	Registered Agent			10. Name and Address of N	ew Registere	d Agent		l
KANCILIA, JOHN R			8		dress (P.O. Box Number is Not Ac	ceptable)	• ;		
	6 W HIBISCUS BLVD BOURNE FL 32901		8:	3			_		
i			8	- /		F	85 Zip C		
11. Pursuant office or n agent. I a SIGNATURE	to the provisions of Sections 607,7502 a egistered agent, or botto in the state of am familiar with find accept the obligation	_				the purpose of the appointment o	of changing its cointment as reg	registered pistered	
SIGNATURE	Signature, typed or printing name of registered agent at	nd title if applicable. (NOTE: Re	gistered Ag		red when rematating)	DATE			,00
SIGNATURE	Signature, typed or printigli ridine of registered agent at OFFICERS AND	DIRECTORS		eni signature requ		DATE			144.00)
SIGNATURE	Signature, typed or printigli ridine of registered agent at OFFICERS AND	DIRECTORS	gistered Ag	ent signature requ	red when rematating)	DATE	ND DIRECTO	RS IN 12	04 244 (00)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printigli ridine of registered agent at OFFICERS AND	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE	ent signature requ	red when rematating)	DATE	ND DIRECTO	RS IN 12	1001 777 700 100
SIGNATURE 12. TITLE NAME	Signature, typed or printed incline of registered agent at OFFICERS AND PRESIDENT. NICK FORUM	DIRECTORS	13. 1.1 TITLE	ent signature requ	red when rematating)	DATE	ND DIRECTO	RS IN 12	100, 177, 100, 100
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printigli ridine of registered agent at OFFICERS AND	DIRECTORS DELETE ABAIO ON DR. L. 32958	13. 11 TITLE 12 NAME 13 STRE 14 CITY- 21 TITLE 22 NAME	EET ADDRESS	red when rematating)	DATE	ND DIRECTO	RS IN 12	100,111,100,000
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printigli ridine of registered agent at OFFICERS AND	DIRECTORS DELETE ABAIO ON DR. L. 32958	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE	ET ADDRESS	red when rematating)	DATE	ND DIRECTO	RS IN 12	10010101000
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printigli ridine of registered agent at OFFICERS AND	INDIE RODRECTORS DELETE ABA10 ON, DR, L, 32958 DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY-	ET ADDRESS -ST-ZP -ST-ZP -ST-ZP -ST-ZP-ST-	red when rematating)	DATE	ND DIRECTO	RS IN 12	100,111,100,100,000
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printigli ridine of registered agent at OFFICERS AND	INDIE RODRECTORS DELETE ABA10 ON, DR, L, 32958 DELETE	13. 11 TITLE 12 NAME 13 STRE 14 CTY- 21 TITLE 22 NAME 23 STRE 24 CTY- 31 TITLE 32 NAME	E ET ADDRESS .ST-ZP .ST-ZP .ST-ZP .ST-ZP	red when rematating)	DATE	ND BIRECTO Change Change	RS IN 12 Addition	20010000
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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 of the repositive of 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 changes, opton an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-21P

STREET ADDRESS

OPURE REQUIRED OF PRINTED NAME OF SIGNING OFFICER OR DERECTOR