CORPORATION

ANNUAL REPORT

1999

**PROFIT** 

DOCUMENT # P98000095783



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90160 010 \*\*\*150.00

CONTRACTORS PAYROLL S	ERVICE, INC.	
Principal Place of Business	Mailing Address	* * * * * * * * * * * * * * * * * * *
208 N. MONTCLAIR AVENUE BRANDON Ft. 33510-4625	208 N. MONTCLAIR AVENUE BRANDON FL 33510-4625	

								DO NOT WRITE IN THIS SPACE					
}								ſ	<ol><li>Date Incorporated or Qualifed</li></ol>				-
									11/09/1998				
2. Principal P	lace of Business		2a.	Malling Address				1	4. FEI Number		X	App led For	
21			26									Not Applicab	elle.
Suite, Apt.	#, etc.		<u>_</u> ;	Suite, Apt. #. etc.				ĺ	5. Certificate of Status Desired			5 Additional	Į.
22			27									Required	
City & Stat	e	· -	<b>├</b> ── ¯	City & State	-	_	c		6. Election Campaign Financing	- 🗆		00 May_Be_	-
23			28	<u> </u>				1	Trust Fund Contribution			ed to Fees	
Zīp	Coun	'iy	$\vdash$	Zip		untry		- 1	8. This ecrporation owes the curr	ent year inta		[]No	
24	25		29	<del></del>	30			1	Personal Property Tax.		Yes	- I JNO	
<b></b>	9, Name and Add	ess of Current	Registe	ered Agent		81			10. Name and Address of New I	(egisterea	Agent	<del></del>	$\dashv$
ICAN	owski, randy					51	Name						
	n. Montclair av	EAH JE				82	Street A	Addres	s (P.O. Box Number is Not Accepta	able)			_
						$\perp$							
Drive	NDON FL 33510-46	20				83			•				- (
				,		84	City				85 Z	ip Code	~
•							- City			FL			
11. Pursuant	to the provisions of Se	ctions 607.0502	and 60	7.1508, Florida Statu	es, the	above	-named o	corpora	ation submits this statement for the	purpose of	hanging	its registered	
office or a	registered agent, or bo im famillar with, and ac	h, in the State or cept the obligation	Florida ns of, S	i, Such change was a Section 607.0505, Flo	utnonze rida Sta	tutes	ине согро	recon:	s board of cirectors. I hereby accep	ne appoir	ITHORK 45	i i i i i i i i i i i i i i i i i i i	
			,										-
SIGNATURE	Signature, typed or printed ne	he of registered agent is	nd title If a	applicable. (NOTI	Registers	nd Agen	d argnature re	red w	rhen reinstating)	DATE			_  ഒ
12.		OFFICERS AND	DIREC	TORS	13				ADDITIONS/CHANGES TO OF	FICERS IN			S S S C C C C C C C C C C C C C C C C C
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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 suppliemental innual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I im an officer or director of the corporation of th

HAVEY TEXANGLE OF SIGNING OFFICE! OF DIRECTOR