FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90177 044 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

 Corporation 	MENT # V21601 L CONSTRUCTION, INC.	-				
Principal Place of Business Mailing Address				- E IONII MEENIN EERIS IINNA OINNA MEENI NIGU OIGIE ASI		
2843 ANTIOCH WAY ORLANDO FL 32807		2843 ANTIOCH WAY ORLANDO FL 32807		DO NOT WRITE IN THIS S	SPACE	
				3. Date Incorporated or Qualifed 03/16/1992		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3123368	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29 30	Country	- Crossian Tropology	☐ Yes ☐Ño	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	igent '	
CASWELL, GARY W. 2843 ANTIOCH WAY				ress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32807			83		{	
			84 City	FL 85 Zip Code		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	iorized by the corporation	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoin	thanging its registered trent as registered	
SIGNATURE	Signature, typed or printed name of registered agent		gistered Agent signature require			
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	CASWELL, GARY W.		1.2 NAME			
STREET ADDRESS	2843 ANTIOCH WAY		1.3 STREET ADDRESS	,	. [
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	<u> </u>		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME	-		
STREET ADDRESS			2.3 STREET ADDRESS			
C/TY-ST-ZIP		· 🗍 DELETE	2.4 CITY-ST-ZIP		Change — Addition	
TITLE		· LJ DELETE	3.1 TITLE 3.2 NAME		= 2 Autoride - T Vadrigoti	
NAME STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		{	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	• ,		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		<u> </u>	4.4 CITY+ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME		1	
STREET ADDRESS			5.3 STREET ADORESS		.]	
CITY+ST-ZIP	,	Flacuere	5.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ DELETE	6.1 TITLE		Thousande Thyongou	

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 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: