Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90026 020 ***158.75

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 # **V53996**

1. Corporation Name

REMAISSANCE CONSTRUCTION CORPORATION

RENAISS	SANCE CONSTRUCTION CC	MPURATION					
Principal Plac	e of Business	Mailing Address				NIBUL BEBIE BIBEL BEBIE	DEWIL BLOSE 1801
736 KEENELAND PIKE LAKE MARY FL 32746 US 736 KEENELAND PIKE LAKE MARY FL 32748 US US							
					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		
					07/24/1992		
2. Principal P	lace of Business	2a. Mailing Address	a. Mailing Address		4. FEI Number		pplied For
21		26		<u>59-3 137 137</u>		lol Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional Required	
22			City & Chata				
City & 5 tat	le	City & State		6. Election Campaign Financing \$5.00 'May Be Trust Fund Contribution Added to Fees			
23	- Country	28 Tip	Countr		Trust Fund Contribution		i iii rees
Zip	Gountry	Zip		у	This corporation owes the current year Personal Property Tax.	ar intangible \(\begin{array}{c}\delta\delta\es\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	□No
24	9. Name and Address of Current	29 Registered Agent	30		10. Name and Address of New Registr		
			8	1 Name	<u> </u>		_
GRAZICUO, JAMES A. miss spelled.			_		Graziano James	_ <i>!+</i>	
	KEENELAND PIKE	*/	82	2 Street Art	Idress (P.O. Box Number is Not Acceptable)		
LAKE MARY FL 32746			8:	3			
2					<u></u>		
			84	4 City		FL 85 Zip	Code
agent, I a	m familiar with, and accept the obligat	ons of, Section 607.0505, F	Iorida Statute	9\$.	ation's board of directors. I hereby accept the a		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	GRAZIANO, JAMES A		1.2 NAME	:			
STREET ADDRESS	736 KEENELAND PIKE LAKE MARY FL		1.3 STREI	ET ADDRESS			
CITY-ST-ZIP			1,4 CITY-	ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	GRAZIANO, ROSALINDA S.	NO, ROSALINDA S. 2.		:			
STREET ADDRESS	TOO LEENIEL AND DIVE		2.3 STREI	ET ADDRESS			
CITY-ST-ZIP			2, 4 CITY-	-ST-ZIP		_	
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME	.			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. <u>CITY</u> -	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4 2 NAME	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME	{		5.2 NAME				
STREET ADDRE 3S	l		53 STREE	ET ADDRESS			
CITY-ST-ZIP			54 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	<u> </u>			
STREET ADDRESS			6.3 STRE	ET ADDRESS			

14. I hereby certify that the information supplied with this filling does not qualify fir 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 or derivative 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ATURE AND TYPED OR I RINTED NAME OF SIGNING OFFICE R OR DIRECTOR

407-324-483