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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V62003 1. Corporation Name

MODULAR CONTRACTORS, INC.

Principal Place	e of Business	Mailing Address		THE ILENIALIDE OF STATES AND SERVICE OR SOURCE AND SERVICE OF SERV		
8300 NW 53RD		8300 NW 53RD ST		·	•	
SUITE 106		SUITE 106		DO NOT WRITE IN THIS SPACE		
MIAM! FL 33166	3 _.	MIAMI FL 33166		3. Date Incorporated or Qualifed	IIŞ SI ACE	
		•	•	09/08/1992		
2. Principal Pl	lace of Business	2a. Mailing Address	•	4. FEI Number	App	lied For
21	, .	26		65-0357960	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22		27			Fee Rec	`
City & State	e .	City & State		6. Election Campaign Financing	\$5.00 ١	
23		28		Trust Fund Contribution	· Added to) Fees
Zip	Country	Žip	Country	8. This corporation owes the current year		□No
24	25	_ 	30	Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	eu Agent	
WES	TON, TOD ANDREW		1-1			
MODA 17	AW OFFICE OF TOD ANDREW WE	ESTON P.A	82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	N ANDREWS AVE SUITE 300	201011, 1.71.	83	<u>ा की नाम होने ही समार्थ है के प्रेर्ध</u>	on and and and and and and and and and an	181 818 45
	AUDERDALE FL 33309	•	63	等。 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	化炉 精制管	開設到
112	MODELIDYEE I E 00000		84 City	A Chair, Miss	85 Zip C	ode
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				poration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as reg	jistered
	registered agent, or both, in the State of m familiar with, and accept the obligation			on's board of directors. I hereby accept the ap	ppointment as reg	gistered
	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statutes.	on a board of directors. Thorough accept the Ep		jistered
office or n bild agent. I a SIGNATURE	egistered agent, or both, in the state of medianiliar with, and accept the obligation of the state of the sta	ons of, Section 607.0505, Flori and title if applicable. (NOTE:	ida Statutes. Registered Agent signature require	id when reinstating)		
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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 of the feceiver 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 of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90016 048 ***150.00