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

**PROFIT CORPORATION** ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(2)

**EXPRESS CONTRACTING INC.** 

**FILED** Apr 29 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Addres	SS			ivati aram alau didii biati 100.
200 BUSINESS PARKWAY			200 BUSINESS PARKWAY			
STE D	BOH FL 33411	STE D	DOU EL 20414		DO NOT WRITE IN TH	IIC CDACE
US	DOU LT 20411	ROYAL PALM US	BCH FL 33411		3. Date Incorporated or Qualified	IID STACE
"		00			10/02/1992	
2. Principal P	lace of Business	2a. Mailing Ad	dress		4. FEI Number	Applied For
21		26			65-0366895	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	9	City & State	)		8. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Co	ountry	B. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Register	ed Agent
HE	NE, MICHAEL J.			81 Name		
581 PINE HOLLOW DR				82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
WE	ST PALM BEACH FL 33413			onco radio	but (1.0. bux (40/mber to 140/ / totopicable)	
				83		
				04 03		Test 20 0 de
				84 City	F	85 Zip Code
office or re	egistered agent, or both, in the S	State of Florida, Such cha	inge was authoriz	ed by the corporation	oration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its registered appointment as registered
agent. t a	m familiar with, and accept the o	obligations of, Section 60	7.0505, Florida St	atutes.		
SIGNATURE	Signature, typod or printed name of registers	od egoni Bod tile if any leable	(NOTE: Pagista	red Agent signature required	d when reinstating) DAT	<u> </u>
12.		AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P			TITLE		Change Addition
NAME	HEINE, MICHAEL JUDE			NAME		
STREET ADDRESS	581 PINE HOLLOW DR			STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		· ·	CITY-ST-ZIP		
TITLE		<b>₩</b>		TITLE		Change Addition
NAME	OAKES, BRITTON	~		NAME		
STREET ADDRESS	3433 FARGO AVE			STREET ADDRESS		
	LAKE WORTH FL			- 1		
CITY+ST-ZIP TITLE	Duc Wollitte			TITLE		Change Addition
NAME				NAME		Change Paginori
STREET ADDRESS				į	· ·	
			•	STREET ADDRESS		
CITY-ST-ZIP TITLE		T		CITY-ST-ZIP TITLE		Change Addition
NAME				NAME		□ prede □ Montroil
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		Change Addition
TITLE		الحيا		TIFLE		ET CHOURE ET MANICION
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP	·	<del></del>		CITY-ST-ZIP		A
TITLE		اليسا		TITLE .		Change Addition
NAME			6.2	NAME [		

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 attaction with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP