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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name



FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90029 005 ***150.00

1	S CONTRACTING INC.	417 A 41 - 10 11					
Principal Plac	e of Business	Mailing Address			MAN KASI MEBIL MINIT NINEL MINIT	Oldii Ribii 1891	
200 BUSINESS	PARKWAY	200 BUSINESS PARKWAY	•				
STE D		STE D	STE D		DO NOT WRITE IN THIS SPACE		
ROYAL PALM BCH FL 33411		ROYAL PALM BCH FL 33411		3. Date Incorporated or Qualifed			
US		US		10/02/1992			
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	T A	pplied For	
21	1000 of Buomood	26		65-0366895		ot Applicable	
	#, etc.	Suite, Apt. #, etc	جرزه فللسلة فيليات	5. Certificate of Status Desired	\$8.75	Additional	
22		27		5. Certificate of Status Desired	Fee R	equired	
City & Sta	te ·	City & State		6. Election Campaign Financing		May Be	
23	<u> </u>	28		Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country	8. This corporation owes the curr	ent year Intendible Yes	□No	
24	25		80	Personal Property Tax. 10. Name and Address of New F			
•	9. Name and Address of Curren	r veðisreteg Aðetir	81 Name	. Haire and Address of Real	rodiotor on Ullerit		
HEIR	NE, MICHAEL J.						
	PINE HOLLOW DR		82 Street Add	Iress (P.O. Box Number is Not Accepta	able)		
	ST PALM BEACH FL 33413		83	1. 新春节心人中疆人	化甲基磺胺磺胺酸	145 621 621	
					State OF Zin	\$-\$4.2 a.) (\$3)	
			84 City	**	FL 85 Zip	Code *** ***	
is in 'office or a	m:familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statutes.	ion's board of directors. I hereby accep			
ROS /agent/ La	m:familiar with, and accept the obligat	t and title if applicable. (NOTE: F	da Statutes. Registered Agent signature require	ed when reinstating)	DATE		
Signature 12.	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	ions of, Section 607.0505, Florid t and title if applicable. (NOTE: F D DIRECTORS	Registered Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	ORS IN 12	
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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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arm 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 affactment with an appears, with all other like empowered.