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

Mailing Address

145 SCOTTSDALE DRIVE

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name V72686

Principal Place of Business

145 SCOTTSDALE DRIVE

OEST CONTRACTING, INC.

**FILED** Jan 26, 1999 8:00am **Secretary of State** 

01-26-1999 90046 020 \*\*\*150.00



ARY ESTHER FL 32569		MARY E	MARY ESTHER FL 32569			DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		· .		
						10/15/1992				
Dringing Di-	ace of Business	2a. Mai	iling Address			4. FEI Number	Applied			
. Principai Pla 1	ace of Business	26				59-3149226	Not App			
Suite, Apt. #	#, etc.	Suit	te, Apt. #, etc.		.,,	5. Certificate of Status Desired	\$8.75 Additi			
<u> </u>		27	. P. Stota		<del></del>	6 Election Compaign Financing	\$5.00 May			
City & State	<b>6</b>	—	y & State			6. Election Campaign Financing  Trust Fund Contribution	Added to Fe			
		28	<u> </u>	Coun	trv	8. This corporation owes the current year In	tangible	-		
Zip	Country	<del></del> 1	_	30	y	Personal Property Tax.	¥X Yes □N	0		
<u> </u>	25	29		100		10. Name and Address of New Registered	Agent			
		ss of Current Registere	o văeur	<del></del>	81 Name		.,.	, , <u> </u>		
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office or re agent. I a	to the provisions of Secti registered agent, or both, am familiar with, and acce	ions 607.0502 and 607.1 in the State of Florida. Sept the obligations of, Se	Such change was au ction 607.0505, Flori	s, ule ab thorized ida Statu	by the corp tes.	d corporation submits this statement for the purpose operation's board of directors. I hereby accept the appoint	ointment as registe	ered		
SIGNATURE	Olember & Bank in adulted Some	of registered agent and title if app	licable. (NOTE:	Registered /	Agent signature	required when reinstating) ***/ <				
12.	Signature, typed or printed hame	FFICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS A		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 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 to Block 12 or Block 13 to Block 12 or Block 13 to Block 13 to Block 14 to Block 15 to Block 15 to Block 15 to Block 16 to Block 16 to Block 17 to Block 18 to Block 18 to Block 19 to Block 1

SIGNATURE: