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

PROFIT CORPORATION ANNUAL REPORT

1999

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

03-10-1999 90227 038 ***150.00

DOCUMEN # P93000033643									
LABOR FINDERS OF THE TREASURE COAST, INC.									
LADON FINDENS OF THE THEASURE COAST, INC.									
Principal Place of Business Mailing Address									
P.O. BOX 2762									
P.O. BOX 2762 P.O. BOX 2762 STUART FL 34995 STUART FL 34995									
						DO NOT WRITE IN TH	IS SPACE		
						3. Date Incorporated or Qualifed			
2. Principal P	lace of Business	2a. Mailing Address			-	05/06/1993 4. FEI Number		pplied For	
21 POBOX 7445 26 PO BOY 7			JUL	1445		59-3180720	<u> </u>	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional	
22 27						5. Certificate of Status Desired	Fee R	eguired	
City & State			CIE	F		6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees	
Zip Country Zip Co						8. This corporation owes the current year I	ntangible		
24 34985 25 29 34985 30						Personal Property Tax.	Yes	□No_	
	9. Name and Address of Current F	Registered Agent	81	T	. —	10. Name and Address of New Registere	d Agent		
MOVENTIE JAMES I				Name					
MCKENZIE, JAMES J 551 SE NORSEMAN DRIVE			82	Street	Addre	ss (P.O. Box Number is Not Acceptable)			
PORT ST. LUCIE FL 34984			83						
TOTA OT. LOCAL TE 04004			0.5						
			84	City		F	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered.									
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
				nt signature r	equired v	when reinstating) DATE			
12.	OFFICERS AND		13.		1	ADDITIONS/CHANGES TO OFFICERS A			
TITLE	10			1.1 TITLE			Change	☐ Addition	
NAME	HONEILE, CAMEO C			12 NAME			٠	1	
STREET ADDRESS			1.3 STREET ADDRESS						
CITY-ST-ZIP			1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition	
NAME	INGUI, PAUL		2.2 NAME					_]	
STREET ADDRESS.	•		2.3 STREE	Z.3 OTIVEE) ADDIVEGO I - :		ISW WORTH MEA	DECU	2	
CITY-ST-ZIP	PALM CITY FL 34990	1		2.4 CITY-ST-ZIP		IRT ST WCIE, FL.	3495.	ク	
TITLE	VP	☐ DELETE	3.1 TITLE				hange	Addition	
NAME	MIRKOVICH, GLEN		3.2 NAME				- 11=0 -	~~ _	
STREET ADDRESS	,		3.3 STREE	T ADDRESS		LN. INDIAN RIV	CKI	10c A	
CITY-ST-ZIP	STUART FL 34994		3.4. CITY-5	ST-ZIP	111	T#1 FORT PIERCE	rc 04	450	
TITLE	S	☐ DELETE	4.1 TITLE				Scha nge	Addition	
NAME	INGUI, DAWN		4, 2 NAME		121	I SWNORTH MEAD	E CIR	_	
STREET ADDRESS			4.3 STREET ADDRESS PC		00	PETCT WOLF. FI	240	53	
CITY-ST-ZIP	T T T T T T T T T T T T T T T T T T T	☐ DELETE	4.4 CITY-S	I-ZP	7	RTST, WCIE, FL	Cffange	Addition	
NAME	ingui, Dawn		5.2 NAME			•		ſ	
STREET ADDRESS			53 STREE	53 STREET ADDRESS 12		SW NORTHMA	Œ CIK		
CITY-ST-ZIP	SOUS ST. SONISE! IT NOTE SIN		5.4 CITY-ST-ZIP		PO	RT STWUE FL 34	<u>1953</u>	>	
TITLE	☐ DELETE 6.17		6.1 TITLE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS				1	

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 attachment with an address, with all other like empowered. DOWN M NOU! SIGNATURE:

6.4 CITY-ST-ZIP