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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 184179

Principal Place of Business

DASH-DOOR & CLOSER SERVICE, INC.

7801 NW 29TH ST MIAMI FL 33122		7901 NW 29TH ST MIAMI FL 33122		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					03/28/1955		
2. Principal Pl	ace of Business	2a. Mailing Address		· · ·	4. FEI Number		Applied For
21		26			59-0746464		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees
Zip	Country 25	Zip 30	Country		This corporation owes the current year Personal Property Tax.	ar Intangible	s □No
24	9. Name and Address of Currer		1		10. Name and Address of New Registe		
	3. Name and Address of Conten	it (togicte) ou Agoin	81	Name			
STEINER, MARTIN 7801 NW 29TH ST			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	AI FL 33122		83			 -	
			84	City	,	85	Zip Code
				,	rporation submits this statement for the purpo	FL {	·
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE: Reg	nstered Agen	t signature requ	ired when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	S AND DIRE	
TITLE	PD	☐ DELETE	1,1 TITLE			☐ Cha	ange
NAME	STEINER,MARTIN		1.2 NAME		•		
STREET ADDRESS	460 W. DILIDO DRIVE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-S	T-ZIP		,	ange
TITLE	STD	☐ DELETÉ	2.1 TITLE			☐ Cha	angeAddabii
NAME	STEINER, ESTHER		2.2 NAME		·		
STREET ADDRESS	460 W. DILIDO DRIVE		2.3 STREET	ſ			
CITY-ST-ZIP TITLE	MIAMI BEACH FL VP	☐ DELETE	2.4 CITY-S 3.1 TITLE	11-2P		☐ Cha	ange
NAME	STEINER, JEFFREY	_,	32 NAME				
STREET ADDRESS	10480 S. W. 140TH ROAD		3.3 STREE	ADDRESS		•	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-5	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Ch:	ange
NAME			4. 2 NAME				,
STREET ADDRESS			4.3 STREE	ADDRESS			1
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		☐ Cha	ange Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				
NAME				TADORESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Cha	ange
NAME		_	6.2 NAME				}
STREET ADDRESS			6.3 STREE	TADDRESS			
	1		l				ļ.

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.

SIGNATURE:

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90194 013 ***150.00