May 07, 1999 8:00 am Secretary of State

05-07-1999 90002 008 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F03699

1. Corporation Name

A-ACE BOARD-UP SERVICE, INC.

|  |   |  |                  |          |   | <b>arb</b> ii <b>o</b> kbii oloia |  | NA         |  |
|--|---|--|------------------|----------|---|-----------------------------------|--|------------|--|
| Principal Place of Business Mailing Address  |   |  |                  |          |   |                                   |  |            |  |
| C/O KELLY L. STEEL C/O KELLY L. STEEL  |   |  |                  |          |   |                                   |  |            |  |
| 13625 S.W. 83RD COURT 13625 S.W. 83RD COURT  |   |  |                  |          | DO NOT WRITE IN                                     | DO NOT WRITE IN THIS SPACE        |  |            |  |
| MIAMI FL 33158 MIAMI FL 33158  |   |  |                  |          |   |                                   |  |            |  |
|  |   |  |                  |          | 3. Date Incorporated or Qualifed                    |                                   |  |            |  |
| ]  |   |  |                  |          | 10/29/1980  |                                   |  |            |  |
| 2. Principal P   | pal Place of Business 2a. Mailing Address |  |                  |          | 4. FEI Number                                       |                                   |  |            |  |
| 21   | 26  |  |                  |          | 59-2043539  |                                   |  | Applicable |  |
| Suite, Apt.  | Suite, Apt. #, etc. Suite, Apt. #, etc.   |  |                  |          | 5. Certifcate of Status Desired                     |                                   |  | ditional   |  |
| 22   | 27  |  |                  |          | o, our aloans of clause beautiful                   | F6                                | ee Req                                       | uired      |  |
| City & State City & State  |   |  |                  |          | 6. Election Campaign Financing \$5.00 May Be        |                                   |  |            |  |
| 23   | 28  |  |                  |          | Trust Fund Contribution Added to Fees               |                                   |  |            |  |
| Zip  | Country Zip Cou                           |  |                  | /        | 8. This corporation owes the current ye             | ar Intangible                     |  |            |  |
| 24   | 25  | 293  | o                |          | Personal Property Tax.                              | ☐ Yes                             | <u>.                                    </u> | ∐No        |  |
| 9. Name and Address of Current Registered Agent  |   |  |                  | ,        | 10. Name and Address of New Regist                  | ered Agent                        |  |            |  |
|  |   |  |                  | Nam      | ne  |                                   |  |            |  |
| STEEL, KELLY L.  |   |  |                  | Stree    | et Address (P.O. Box Number is Not Acceptable)      |                                   |  |            |  |
| 13625 S.W. 83RD COURT  |   |  | 82               | 00       | ot Addition (1.5. Box Hallison is Not Nesspitation) |                                   |  |            |  |
| MIAMI FL 33158   |   |  | 83               |          |   |                                   |  |            |  |
|  |   |  | 84               | <u> </u> |   | - last                            |  |            |  |
|  |   |  |                  | City     |   | FL  85                            | Zip Co                                       | ode        |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab   |   |  |                  |          | ed corporation submits this statement for the purpo | se of changi                      | ng its r                                     | egistered  |  |
| ) office or r  | egistered agent, or both, in the State    | of Florida. Such change was auth                   | norized by       | the cor  | rporation's board of directors. I hereby accept the | sppointment                       | as regi                                      | stered     |  |
| agent. I a   | m familiar with, and accept the obliga    | tions of, Section 607.0505, Florid                 | a Statutes       | s.       |   |                                   |  |            |  |
| SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable. |   |  |                  |          | re required when reinstating) DA                    | ΓE                                |  |            |  |
| 12. OFFICERS AND DIRECTORS 13.   |   |  | <del></del> -    |          | ADDITIONS/CHANGES TO OFFICER                        | S AND DIRI                        | ECTOF  | RS IN 12   |  |
| TITLE  | Р   | ☐ DELETE   | 1.1 TITLE        |          |   | ☐ Ch                              | ange   | ☐ Addition |  |
| NAME   | Steel, Kelly L                            |  | 1.2 NAME         |          |   |                                   |  |            |  |
| STREET ADDRESS   | 13625 S.W. 83RD CT.                       |  | 1.3 STREE        | TADDRES  | 200   |                                   |  |            |  |
| ) [  | A 4 A 5 M - Th                            |  | 1.4 CITY-5       |          |   |                                   |  |            |  |
| CITY-ST-ZIP  | D D                                       | ☐ DELETE   | 2.1 TITLE        | 31-ZIP   |   | Chi                               | ange   | ☐ Addition |  |
|  |   | □ <del>•</del> • • • • • • • • • • • • • • • • • • | 2.2 NAME         |          |   | <del>-</del>                      | •  |            |  |
| NAME   | STEEL, LINDA L.                           |  |                  |          |   |                                   |  | ì          |  |
| STREET ADDRESS   | 13625 S.W. 83RD CT.                       |  | 2.3 STREE        |          | SS  |                                   |  | 1          |  |
| CITY-ST-ZIP  | MIAMI FL                                  |  | 2. 4 CITY-ST-ZIP |          |   | ☐ Cha                             | 2000   | Addition   |  |
| TITLE  | M   | C beceie   | 3.1 TITLE        |          |   |                                   | arigo  |            |  |
| NAME   | STEEL, KRISTINA                           |  | 3.2 NAME         |          |   |                                   |  |            |  |
| STREET ADDRESS   | 13625 S.W. 83RD CT.                       |  | 3.3 STREE        | TADDRES  | SS  |                                   |  |            |  |
| CITY-ST-ZIP  | MIAMI FL                                  |  | 3.4. CITY-       | ST-ZIP   |   |                                   |  |            |  |
| TITLE  | V   | ☐ DELETE   | 4.1 TITLE        |          |   | ☐ Ch                              | ange   | ☐ Addition |  |
| NAME .   | STEEL, JOHN K.                            |  | 4, 2 NAME        |          |   |                                   |  | (          |  |
| STREET ADDRESS   | 13625 S.W. 83RD CT.                       |  | 4.3 STREE        | TADORES  | ss  |                                   |  |            |  |
| CITY-ST-ZIP  | MIMAI FL                                  |  | 4.4 CITY-S       | ST-ZIP   |   |                                   |  |            |  |
| TITLE  | T   | ☐ DELETE   | 5.1 TITLE        |          |   | ☐ Ch                              | ange   | ☐ Addition |  |

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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CfTY-ST-ZiP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

GARRETT, DAVID

HOMESTEAD FL

16590 S.W. 248TH ST.

DELETE

Change

☐ Addition