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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G55351

(2)

DURA SEAL OF CENTRAL FLORIDA, INC.

FILED						
Jan 20 1998 8:00am						
Secretary of State						



Principal Place of Business Mailing Address  3717 CAMINO WAY 3717 CAMINO WAY							
							P O BOX 680
ORLANDO FL 32868-7116 ORLANDO FL 32868-7116					3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address					<b>08/23/1983 4.</b> FEI Number	Applied For	
21	tion of this moon	26			59-2321415	Not Applicable	
Suite, Apt.	#, elc.	Suite, Apt #, etc.				\$8.75 Additional	
22		27	h-m		5. Certificate of Status Desired	Fee Required	
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip			8. This corporation owes or has paid the		
24	25	29	30		Personal Property Tax due June 30.	Yes No	
	9, Name and Address of Curr	ent Hegistered Agent	81	Name	10. Name and Address of New Register	a Agent	
HOGLE, THOMAS P. C.P.A.				Name			
295 W. PINE AVENUE LONGWOOD FL 32750			82	Street Add	ldress (P.O. Box Number is Not Acceptable)		
			83				
			84	City		85 Zip Code	
11 Purcuant	to the provisions of Sections 607.0	502 and 607 1508. Florida State	itos the abov	e-named cor	poration submits this statement for the purpose		
office or r	registered agent, or both, in the Sta am familiar with, and accept the obl	ile of Florida. Such change was	: authorized b	v The coroora	tion's board of directors. I hereby accept the a	appointment as registered	
SIGNATURE	Signature, typed or printed femile of registered a	agent and liste if applicable (NC	Off Registered Ay	ดกริงผูกสินาดาชนุม	ured when reinstating) DAN		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	PTS	DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	DAGHLARIAN, OHANNES J.	,	1.2 NAME				
STREET ADDRESS	3717 CAMINO WAY		1.3 STREET	1 ADDRESS		•	
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CiTY~5	ST - ZIP			
TITLE	_	☐ DELETE	2.1 TITLE			Change Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	I ADDRESS			
CITY-S1-ZIP			2. 4 CHY-	ST-ZIP			
TITLE		DECETE	3.1 THE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP		Dougre	3.4. CITY-	ST-ZIP	<u> </u>	Change Change	
TITLE		☐ DIX FTE	4.1 TITLE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP		DELETE	4.4 CHY - 5 5.1 TO LE	SI- ZIP		Change Addition	
TITLE		C) percit	5.1 HTEE 5.2 NAME			FT cuando FT voquion	
NAME			5.3 STREET	i Athribi ee			
STREET ADDRESS			5.4 CITY - S	,			
DITY-ST-7IP		DELETE	G 1 TITLE	011-511.		☐ Change ☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	22 JRODA I			
CITY-ST-ZIP			6.4 CITY - 5				
14. I hereby o	certify that the information supplied	with this filing does not qualify	for the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information	
indicated officer or	on this annual report or supplemen	htal annual report is true and ac aceiver or trustee empowered to	curate and th	at my signati	ire shall have the same legal effect as if made juired by Chapter 607, Florida Statules; and th	under oath; that I am an	
	MY	$\Omega = IC \alpha$	O.C.	/	10.11.10 to 1 dolor	14-21200 4780	