**FILED** 

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90020 039 \*\*\*150.00

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

Mailing Address 6600 W ROGERS CIR

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P97000040339

1. Corporation Name

Principal Place of Business

6600 W ROGERS CIR

ALLEN'S CUSTOM FRAMING, INC.

SUITE 7				SUITE 7					DO NOT WRITE IN THIS SPACE					
BOCA RATON FL 33487				BOCA RATON FL 33487 US					3. Date Incorporated or Qualifed					
US									05/06/1997					
6. Driveing Diago of Business				2a. Mailing Address					FEI Number			Appl	ied For	
2. Principal Place of Business				<del></del>							H		Applicable	
21				Suite, Apt. #, etc.					65-0750149		\$8.7	_		
Suite, Apt. #, etc.									Certifcate of Status Desired			Requ		
22				City & State					First A Living First 1			-	ay Be	
City & State				¬ ·				6.	Election Campaign Financing Trust Fund Contribution		•	ed to	, I	
23			28	8   Zip Country				-				00 10	1 000	
Zip		Country						8. This corporation owes the current year Intangible Personal Property Tax.						
24	25	29					10. Name and Address of New Registered Agent							
	9. Name and	d Address of Current	Kegi	sterea Agent		81 Name								
ALLEN, KEVIN M							INAITIG							
				82			Street Address (P.O. Box Number is Not Acceptable)							
6600 W. ROGERS CIR														
SUITE 7														
BOCA RATON FL 33487				•			City			FL	85 Z	Zip Co	ode	
	<u></u>	, i							builty this statement for the		changing	ite re	nistered	
11. Pursuant	to the provisions	of Sections 607.0502 or both, in the State o	and ( f Flori	607.1508, Florida Statut ida. Such change was a	es, the at uthorized	bv	s-named cor the corporat	rporation tion's bo	n submits this statement for the pard of directors. I hereby accep	t the appoir	ntment as	s regi	stered	
agent. I a	m familiar with,	and accept the obligation	ons o	f, Section 607.0505, Flo	rida Statu	ıtes.								
SIGNATURE	•													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: I							t signature requi			DATE	D 0105/	2700	C IN 42	
12. OFFICERS AND									ADDITIONS/CHANGES TO OF	FICERS AN	Chan		Addition	
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6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

KEVIN AUEN UR SIGNING OFFICER OR DIRECTOR

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chap Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

of their certify that the information made under oath; that I am an utes; and that my name appears in

561-241-5040

Daytime Phone #