

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:40

DOCUMENT # 420048 (1)

1. Corporation Name

G & E MILLWORK INSTALLATIONS, INC.

Principal Place of Business

7421 ANNAPOLIS LANE
PARKLAND FL 33067
US

Mailing Address

P.O. BOX 694062
MIAMI FL 33169
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/28/1973	3a. Date of Last Report 10/10/1994
4. FEI Number 59-1449209	Applied For Not Applicable
5. Certificate of Status Desired ☒ Yes ☐ No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21 <u>7421 ANNAPOLIS LANE</u> Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 <u>P.O. BOX 694062</u> Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent ELIAS, CATHERINE 4719 VAN BUREN STREET HOLLYWOOD FL 33023	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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.

SIGNATURE

Catherine Elias CATHERINE ELIAS

1/13/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ELIAS, VICTOR A	1.2 NAME	
STREET ADDRESS	7421 ANNAPOLIS LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PARKLAND FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	ELIAS, PATRICIA L	2.2 NAME	
STREET ADDRESS	7421 ANNAPOLIS LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PARKLAND FL	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	ELIAS, VICTOR A. II	3.2 NAME	
STREET ADDRESS	7421 ANNAPOLIS LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PARKLAND FL	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	ELIAS, ANTHONY	4.2 NAME	
STREET ADDRESS	7421 ANNAPOLIS LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PARKLAND FL	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	ELIAS, CATHERINE	5.2 NAME	
STREET ADDRESS	7421 ANNAPOLIS LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PARKLAND FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:

Victor A. Elias
VICTOR A. ELIAS - PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-95

DATE

(Signature) (Printed Name)