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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000021242 (9) DOCUMENT #

1. Corporation Name

or por carro			
DONNIE	<b>GOULD</b>	RESTORATIONS.	INC.

Mailing Address Principal Place of Business 4130 N.E. 6TH AVE. 4130 N.E. 6TH AVE. OAKLAND PARK FL 33334 OAKLAND PARK FL 33334



Applied For

3. Date Incorporated or Qualified 3a. Date of Last Report

03/15/1995

rincipal Place C	of Business	2a. Mailing Address			4. FEI Number 05665	·/Ś	Not	olied For Applicable
130 NG	fle for	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Ad Fee Req	
uite, Apt. #, eti	to.	27					\$5.00 N	
ty & State	101	Orty & State			Election Campaign Financing     Trust Fund Contribution		Added to	o Fees
7. Lau	dr1.	28 2m	Count		8. This corporation has liability for	intangible	tax under s 19	99.032,
Table 1 Country A 1 FP Fig.			30		Florida Statutes Yes	s LINO		
J533	9. Name and Address of Current	29 t Registered Agent		·	10. Name and Address of New I	negisteret	- rigorit	
	y, maine and Address of Current		٤	Name				
	MACCEL D.A		ļ.	82 Street Ad	ddress (P.O. Box Number is Not Accepta	able)		
MAFFEI &	MAFFEI, P.A.							
633 S.E. 3	אור אזבי		Į,	83			· <del>··· 1</del> 2. T = ···	Zode:
SUITE 4R FORT LAUDERDALE FL 33301			84 City		F		Code	
					poration culmits this statement for the n		-b-noino ito rod	gistered offic
Pursuant to t	he provisions of Sections 607.0502	and 607.1508, Florida Statuti	tes, the above red by the cr	/e-named cor, prporation's b	moration submits this statement for the p poard of directors. I hereby accept the ap	pointment	as registered &	agent, Lam
or registered	agent, or both, in the State of Floric and accept the obligations of, Secti	tion 607.0505, Florida Statutes	5.					
				Valent same to an	equired when renstating	DATE		<del></del>
SNATURE	grature, typed or printed name of registered agent	1 C 11 C 1 C 1 C 1	()1E Registered /	ingranic sugnitarurie rei	ADDITIONS/CHANGES TO O	FFICERS A	ND DIRECTOR	1S IN 12
·	OFFICERS AN	ND DIRECTORS	1. 1 TC	TLE T			☐ Change	Addition
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				STHEET ADDRESS				
C1 7/3			6.4	CHY-ST-ZIP	reality for the exemption stated in Section	119.07(3)[	k), Florida Statu	utes. I furth
4. I do heret certify that oath; that	by certify that the information supplied the information indicated on this a till am an officer or director of the coin Block 12 or Block 13 if enanged.	ied with this filing is voluntarily annual report or supplemental orporation or the receiver or tru- or on an attachment with an a	furnished ar annual repo ustee empov address	id does not q it is true and wered to exec	qualify for the exemption stated in Section accurate and that my signature shall have oute this report as required by Chapter 60	_		
appears i	III DRUCK IZ OF DIOUN, LOAF GHBINGGO			- 1/	5. 4-8	- 9E	5 303	-546
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