

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED AND FILED *pg 1 of 2*

1997 JUN 23 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000069360 (2)

1. Corporation Name
LINFENG ZHOU, P.A.

Principal Place of Business
**3109 STIRLING ROAD, SUITE 101
FT. LAUDERDALE FL 33312**

Mailing Address
**3109 STIRLING ROAD, SUITE 101
FT. LAUDERDALE FL 33312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/08/1995	3a. Date of Last Report 03/11/1996
4. FEI Number 65-0610554	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**ZHOU, LINFENG
3109 STIRLING ROAD, SUITE 101
FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZHOU, LINFENG	1.2 NAME	
STREET ADDRESS	3109 STIRLING ROAD, SUITE 101	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33312	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE

2/10/97 *05/28/97*

CR2E034 (4/97)

pg 2 of 2

LINFENG ZHOU, P.A.
ATTORNEYS AT LAW
3109 STIRLING ROAD, SUITE 101
FT. LAUDERDALE, FLORIDA 33312-6558

(954) 983-6176
(954) 983-7198 (Fax)

Florida Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Lost Annual Report in your office

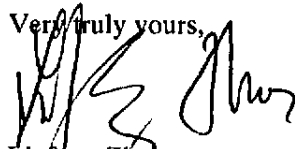
Dear Sir/Madam:

Enclosed please find the following items in connection with the filing of Annual Report for Linfeng Zhou, P.A.:

1. An Annual Report dated July 14, 1997 with \$165.00 filing fee;
2. A copy of the Annual Report of Linfeng Zhou, P.A. filed on January 3, 1997 with your office;
3. A copy of the check record of Linfeng Zhou, P.A.

Please be advised that the Annual Report of Linfeng Zhou, P.A. was filed with your office on January 3, 1997. However, today I received a 2ND NOTICE from your office requesting us to file Annual Report with \$550.00 fee. I called your office this afternoon. An officer there told me that some of the Annual Reports filed early in January were damaged in your office and that mine might be among those damaged. He suggested that I make another filing with the original filing fee and a note of explanation. It is therefore respectfully requested that the document be filed.

Very truly yours,


Linfeng Zhou
Enclosures

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

pg 1 of 2

1997 JUL 23 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J03039 (1)
1. Corporation Name
CUSTOM CAULKING & WATERPROOFING, INC.



Principal Place of Business

Mailing Address

2303 N ANDREWS AVE.
FT. LAUDERDALE FL 33311
US

2303 N ANDREWS AVE
FT. LAUDERDALE FL 3331
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/07/1986	3a. Date of Last Report 01/22/1996
4. FEI Number 59-2568917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SIEGMAN, ROBERT
2303 N. ANDREWS AVE.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGMAN, ROBERT B., SR.	1.2 NAME	
STREET ADDRESS	1221 NE 27TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PVST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGMAN, ROBERT B. JR.	2.2 NAME	
STREET ADDRESS	7514 SW 7TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGMAN, CONSTANCE L.	3.2 NAME	
STREET ADDRESS	3908 NE 22ND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGMAN, SANDRA M.	4.2 NAME	
STREET ADDRESS	1221 NE 27TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E034 (4/97)

pg 2 of 2

Custom Caulking and Waterproofing, Inc.

2303 N. Andrews Avenue • Fort Lauderdale • Florida 33311

(954) 565-0900
(954) 565-0902
1-800 762-7351
Fax (954) 537-6082
caulking@incanect.net

July 15, 1997

**Florida Department of State
Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, Fl. 32302**

To whom it may concern,

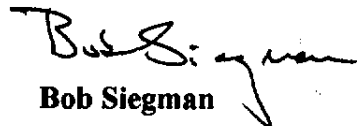
I have received the 2nd notice for the Corporation Annual Report.

I returned the original report in January, 1997 along with a check for \$165.00. Please refer to the copy of the check stub #13245. It seems that my package must have been lost in the mail because this check never cleared. Please see the bank statement and notice that check #13245 has been skipped.

Enclosed is the 2nd report and a check for the original amount of \$165.00.

If you have any questions, please call me at 954-565-0900.

Thank you,


Bob Siegman