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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 1. Corporation Name 134087

LAUDERI	DALE LUMBER COMPANY	INC.					
Principal Place of Business Mailing Address) implat (1644 filt) at at a same total same mant.	Tibit bidit atau di	
405 NE 2ND STREET 405 NE 2ND STREET FT LAUDERDALE FL 33301-8133 FT LAUDERDALE FL 33301-81			33		DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualifed		
					03/17/1937		
2 Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26	26		59-0326311	Not	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 A Fee Red		
City & State	e .	City & State	<u> </u>		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country		Country		8. This corporation owes the current year Ir	ntangible	No No
24	25	29 30			Personal Property Tax. 10. Name and Address of New Registered		140
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
PARI	KER, MICHAEL, D.		82		dress (P.O. Box Number is Not Acceptable)		
2101 NE 1ST WAY					diess (1.0. Dax Hamber to Hat viscopies)		
VAILT	ON MANORS FL 33305	•	83				
			84	City	FI.	85 Zip C	ode
office of r	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Regis	Statutes	the corpora	rporation submits this statement for the purpose of stion's board of directors. I hereby accept the appointment when reinstating) DATE	Million do rog	
12.			13.	—-т	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	PARKER, MICHAEL D		.1 TITLE			change	
NAME			1.2 NAME				1
STREET ADDRESS	2101 N.E. 1ST WAY		1.3 STREET ADDRESS				}
CITY-ST-ZIP			.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE	יי –					(T) 22-	
NAME	Aliken, bootin a		2 NAME				
STREET ADDRESS	75 N.E. 20TH ST.		2.3 STREET ADDRESS 2. 4 City-St-ZiP				
City-St-ZiP	C OSLETE AND		<u>. 4 CH Y - 3</u> 3.1 TITLE	51-ZIP		Change	Addition
TITLE	-		2 NAME				}
NAME	TAINEI, CODA C			TADDRÉSS			ļ
STREET ADDRESS			3.4. CITY-6			,	j
CITY-ST-ZIP TITLE			1.1 TITLE	,,-2,,		☐ Change	Addition
NAME	4.2		. 2 NAME				
STREET ADDRESS				T ADDRESS			}
CITY-ST-ZIP		l.	.4 CITY-S	T-ZIP			
TITLE			5.1 TITLE			☐ Change	Addition
NAME		!	5.2 NAME		•		
STREET ADDRESS			3 STREE	T ADDRESS			
CITY-ST-ZIP		_ <u> </u>	5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE		•	Change	☐ Addition
NAME		į.	3.2 NAME				ĺ
CTDCCT ADDDESC	والأروافية الهجا وهجا	1	3.3 STREE	T ADDRESS			

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90066 031 ***150.00