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

Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90003 003 ***150.00

i. Corporati	JMENT # 234524 FORD DOOR SALES OF BR			
Principal Pla	ace of Business	Mailing Address	 -	
5740 RODMAN 5740 RODMAN				·
W HOLLYWOO	OD FL 33023-1938	W HOLLYWOOD FL 33023	-1938	DO NOT MOTE IN THE CRACE
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
				03/19/1960
<u> </u>	Place of Business	2a. Mailing Address	-	4. FEI Number Applied For
Suite, Apt	t # etc	Suite, Apt. #, etc.		59-0882499 Not Applicable
22	. , , , , ,	27 Suite, Apt. #, etc.		5. Certificate of Status Desired
City & Sta	ate	City & State	-	
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25 9. Name and Address of Curre	29	30	Personal Property Tax, ☐Yes ☐No
	5. Name and Address of Curre	nt Registered Agent	81 N	10. Name and Address of New Registered Agent Name
THO	DMAS L SCHOMMER			·
4717 SW 35 AVENUE			82 S	Street Address (P.O. Box Number is Not Acceptable)
FT.	LAUDERDALE FL 33312		83	
				City FL 85 Zip Code
11. Pursuant office or	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the above-na	named corporation submits this statement for the purpose of changing its registered e corporation's board of directors. I hereby accept the appointment as registered
agent. I a	em familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statutes.	corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	1H	OMAS	L SCHOMMER 2/10/99
12.		ND DIRECTORS	: Registered Agent sign	gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Change Addition
NAME	SCHOMMER,G R		1.2 NAME	
STREET ADDRESS			1.3 STREET ADDI	ORESS
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP	P
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHOMMER,J 5861 S.W. 36 TERR.		2.2 NAME	
STREET ADDRESS	FORT LAUDERDALE FL		2.3 STREET ADDE	
CITY-ST-ZIP TITLE	SD SD	DELETE	2.4 CITY-ST-ZIP	
NAME	QUINTANA,S	□ DECETE	3.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	FOOD DIEDOE OT		3.3 STREET ADDR	DEEC
CITY-ST-ZIP	HOLLYWOOD FL		3.4. CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHOMMER,T		4. 2 NAME	
STREET ADDRESS	4717 SW 35 AVENUE		4.3 STREET ADDR	DRESS .
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP	
TITLE NAME		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDR	1959
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		<u> </u>	6.2 NAME	Charge D Addition
STREET ADDRESS			6.3 STREET ADDR	PRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP	,

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 change it, or on an attachment with an address, with all other like empowered.

SIGNATURE: