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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 395116

(7)

FLORIDA WATERPROOFING SUPPLY, INC.

FILED
Mar 17 1997 8:00am
Secretary of State

Principal Flace of Business. Principal Flace of Business. 2840 S. PARK RD. PEMBROKE PARK FL 33009 PEMBROKE PARK FL 33009-3819					3. Date Incorporated or Qualified 3a. Date of Last Report			
					3. Date Incorporated or Qualified 01/31/1972		26/1996	
 Principal P 	lace of Business	2a. Mailing Address			4. FEI Number 59-1458311		F	Applied For Not Applicable
Suite, Apt	#, e4c.	Suito, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required
City & Stat	6	City & State			6. Election Campaign Financing		\$5.0	О Мау Ве
2 ip	Country	7(p)	Count	ry	Trust Fund Contribution 8. This corporation has liability for	intangible		d to Fees s. 199.032.
4]	25	[29]	30	i	Florida Statutes	Yes	□ No	
KAN	 Name and Address of Current IISTRAS, GEORGE 	it Hegistereo Agent	8	1 Name	10. Name and Address of New Re	gisterea	Agent	
	CHAPMAN RD E		8	1	Iress (P.O. Box Number is Not Acceptab	la)		
OVM	EDO FL 32765				Tiess (F.O. DOX Mainber is NOT Acceptant			
			8	3				
			8	4 City		FL	85 Zij	o Code
					•			
SIGNATURI	Supra conspector protect name of reported service Inc.	DIRECTORS	13.		rred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AN		
12. HILE	OFFICERS AND	·	13. 1.1 Title		·		D DIRECTO	
IZ. IILE IAMI	OFFICERS AND	DIRECTORS	13. 1.1 TITLE 1.2 NAM		·			
12. PILE NAME STREET ADDRESS	VD TOWNSON, TERRY 5408 SEA BISCUIT RD PALM BCH GRON, FL 00000	DIRECTORS	13. 1.1 TITLE 1.2 NAM	E ET ADORESS	·			
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4. The hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Untriner 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 Lan an officer or director of the progration 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 3 if changed, or an affaithment with an address.

SIGNATURE:

OU CLO SEEN CHILLED STD

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