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PROFIT CORPORATION ANNUAL REPORT 1999

**DOCUMENT #** 



416764

DRYWALL & ALUMINUM SYSTEMS, INC.

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90049 011 \*\*\*150.00



330 N.E. DIXII								
	FHWY	1330 N.E. DIXIE HWY.						
JENSEN BCH. 34957		JENSEN BCH. 34957						
US	• • • • • • • • • • • • • • • • • • • •	US			DO NOT WRIT	TE IN THIS SI	PACE	
					3. Date Incorporated or Qualifed			
					01/15/1973			. ,
0 00	No. of Decision	2a. Mailing Address			4. FEI Number		I Am	plied For
2. Principal Place of Business			<del></del>					
1		26			59-1431360			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75	
2	•	27			J. Certificate of Status Desired	ب	Fee Re	quired
City & Stat	ie .	City & State			6. Election Campaign Financing	_	\$5.00	May Be
ิก ์		28			Trust Fund Contribution		Added t	
7in	Country	Zip	Cou	ntry		ant was Inten		
Zip ¬		n		iu y	8. This corporation owes the curre		gibie <b>X</b> Yes	□No
4	25	29	30		Personal Property Tax.			
	9. Name and Address of Curren			,	10. Name and Address of New R	egistered Ag	ent	
	\$ (D) (D)			81 Name				
ZAC	CHEO, SUSAN	te a 11	-	82 Street A	Address (P.O. Box Number is Not Accepta	hlo)		
195	1 WINNERS CRCL.			oz Slieel A	Address (F.O. Box Number is Not Accepta	bie)		
	M CTIY FL 34990		-	83	(2) (1996) Helland Hella		2111 312.1	2 6 1 6 2 1 9 2
175	M 0111 1 E 04000			••	,這樣都能能够數		4.11	
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						FL	- I	
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508; Florida Stat	utes, the at	ove-named	corporation submits this statement for the	purpose of ch	anging its	registered
Office or r	edistered agent, or both, in the State	of Florida: Such change was	authorized	by the corpo	oration's board of directors. I hereby accep	t the appointn	nent as re	gistered
ಚಿತ್ರ agent. i a	m familiar with, and accept the obligation	tions of, Section 607.0505, F	ionda Statt	les.				
SIGNATURE						DATE		{
	Signature, typed or printed name of registered agen			Agent signature re	equired when reinstating) \ ADDITIONS/CHANGES TO OF		DIDECTO	DC IN 12
12.	· OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	TICERS AND	DIRECTO	
	I -						70	
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	•				18 19 1880		Change	
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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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-13-49* 

(361) 334-3290

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