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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Feb 10 1998 8:00am Secretary of State

	MENT # 544485 Y MILLWORK & SUPPLY CO				## #### #### #########################
Principal Place of Business Mailing Address				- I GARIAN BININ BİRKIL BIRALL BIRAN YANDI DILİN EYRAK BIR	IN OLDIN OKRIN BHEKL OHARK (OB)
2570 FRANKLIN STREET 2570		2570 FRANKLIN STREET			
FT. MYERS FL 33901 FT. MYERS FL 33901			DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified	70/702
				09/02/1977	
<u>.                                    </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1763056	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat	0	City & State		The state of the s	Fee Required
23	v	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
	LDBERG, MORTON A.		81 Name		
2201 MAIN STREET			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
FT. MYERS FL 33902			83		
			83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statu	tes, the above-named core		
office or a agent. I a	registered agent, or both, in the State of imfamiliar with, and accept the obligat	f Florida. Such change was ions of, Section 607.0505, F	authorized by the corporal lorida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	ppointment as registered
SIGNATURE	Signature typed or printed name of rigin timed agent	and the discussion of the control of	1£ Registered Agent signature requi	red when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TIFLE		Change Addition
NAME	CANTOR, JULIUS		1.2 NAME		
STREET ADDRESS	14918 AMERICAN EAGLE CT.		1.3 STREET ADDRESS		ļi
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	······································	
TITLE	SD	☐ DEFELE	2.1 TITLE		Change Addition
NAME	HARRIS, JAMES		2 2 NAME		
STREET ADDRESS	805 FRIENDLY ST N. FORT MYERS FL		2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	T T	DELETE	2.4 CITY - ST - ZIP 3.1 T\TLE		Change Addition
NAME	HARRIS, JAMES		3.2 NAME		
STREET ADDRESS	805 FRIENDLY STREET		3 3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL		3.4. CIFY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		İ
CITY-S1-ZIP		T or eve	4.4 CITY-ST-ZIP	and the second s	0
TITLE		☐ DELETE	5.1 TITLE		Change [] Addition
NAME DESCRIPTIONS			5.2 NAME		
STREET ADDRESS	ı		5.3 STREET ADDRESS		
CITY+ST-ZIP TITLE	.,	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		Ï
CITY-ST-ZIP			6 4 CITY- ST- ZIP		
	certify that the information supplied with	this filing does not qualify t		Section 119 07(3)(i) Florida Statutes I further of	ertify that the information

remove certay that the information supplied with this limit does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 trustog 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.