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 # 659167

1. Corporation Name

FROHBOSE & BEERS WOODWORKING, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90126 004 ***150.00



Principal Place of Business Mailing Address							f 100stm Mrifft filtste steut tenta mitte eine eine e	(8t) B)B))	IMIT #1841 1#81	
7277 NW 32 S	TREET	7277 NW 32 STRE	7277 NW 32 STREET				• •			
MIAMI FL 3312		MIAMI FL 33122	MIAMI FL 33122				DO NOT WRITE IN THIS SPACE			
						+	3. Date Incorporated or Qualifed	SFACE		
						Ì	03/13/1980			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	Ap	plied For	
24	lace of Basiliers	26	¬ -				59-1988447	No	t Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					\$8.75 /	dditional	
22	•	27	27				5. Certificate of Status Desired	Fee Re	quired	
City & Sta	te	City & State	City & State				6. Election Campaign Financing	\$5.00		
23		28					Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Coi	ıntry		-	8. This corporation owes the current year Int		refr.	
24	25	29	30	,		i	Personal Property Tax.	∐ Yes	INO .	
	9. Name and Address of Curr	ent Registered Agent		81	Name		10. Name and Address of New Registered	Agent		
PCC	DC DANNY			8'	Name					
BEERS, RANDY 7277 NW 32ND STREET				82	Street	Addres	s (P.O. Box Number is Not Acceptable)			
	MI FL 33122			02						
MIAMI FE 33122				83						
				84	City		FL	85 Zip (Code	
		500 4 507 4509 Florid	la Statutos, the		nomod	corpor	ation submits this statement for the purpose of	changing its	registered	
office or	registered agent or both, in the Sta	te of Florida. Such chanc	ie was authorize	a bv	the corpo	oration'	's board of directors. I hereby accept the appoi	ntment as re	gistered	
agent. I a	am familiar with, and accept the obli	igations of, Section 607.0	505, Florida Sta	tutes			•			
SIGNATURE	Signature, typed or printed name of registered a	and the Manufachia	(NOTE: Registere	t Ager	d cianabica t	required w	hen reinstating) DATE			
12.	- 3 - 1 //	AND DIRECTORS	13.	a rigor	it orginalis i	Toquiros III	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	
TITLE	SD	□ DE		ITLE	1			Change	☐ Addition	
NAME	BEERS, RANDY		1.2 N	AME						
STREET ADDRESS	OH OT		1.3 S	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL		1.4.0	TY-S	T-ZtP			:		
TITLE	D	DE DE	LETE 2.1 T	ITLÉ				Change	☐ Addition	
NAME	FROHBOSE, WILLIAM J.		2.2 N	AME			,			
STREET ADDRESS	SOOF NE OTHER		2.3 5	TREE	TADDRESS	; •	· ·		ļ	
CITY-ST-ZIP	MIAMI FL		2. 4	CITY-5	ST-ZIP		N 2	<u> </u>		
TITLE		☐ DE	LETE 311	TLE			•	` ☐ Change	☐ Addition	
NAME			3.2 1	IAME						
STREET ADDRESS	÷		3.3 \$	TREE	TADDRESS					
CITY-ST-ZIP			3.4.	CITY-S	T-ZIP			_ <u></u>		
TITLE		□ DE	ELETE 4.1 T	TLE				☐ Change	☐ Addition \	
NAME	-		4.2	NAME				•		
STREET ADDRESS	6		4.3 9	TREE	T ADDRESS	,				
CITY-ST-ZIP				ITY-S	T-ZIP	↓	<u>, </u>			
TITLE		☐ DE		ITLE			•	☐ Change	☐ Addition	
NAME		* 4		IAME				,	İ	
STREET ADDRESS	5	•			TADDRESS	1				
CITY-ST-ZIP				ITY-S	T-ZIP	 		Change	- Addition	
TITLE		,. LJ DE		TILE				Change	Addition	
NAME				IAME				•	}	
					TADDRESS					

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 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 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