## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90018 006 \*\*\*\*70.00

Applied For Not Applicable

D	OCL	JMEN	١T	#	74	4	35	0

1. Corporation Name

LIDDED DOOM ACCEMBLY INC

UPPEN NUCIVI ASSEIVIDET, II	<b>10.</b>	,					•	
Principal Place of Business	Mailing Address			7				•
19701 SW 127TH AVE 19701 SW 127TH AVE MIAMI FL 33177-1903 US US								
	• <							
Principal Place of Business     Section       Principal Place of Business	2a. Mailing Address			3. 	Date incorporated or Qualifed 09/21/1978			ē , .
Suite, Apt. #, etc.	Suite, Apt. #, etc.			4.	FEI Number			Applied For
22	27			1	59-1889817			Not Applicat
City & State	City & State			5.	Certificate of Status Desired	X		<b>75</b> Additional ee Required
Zip Country		ountry	<u> </u>	6.	Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
		81	Name					
JOSEPH, JOHN P REV			Street Addre	ess (P	O. Box Number is Not Accepta	ble)		
19701 SW 127TH AVE MIAMI FL 33177		83			<u> </u>	<del>- · ·</del>	<del></del>	
		84	City			FL	85	Zip Code

ng its registered office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. as registered

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD DELETE	1.1 TITLE	Reverent / Chairman	Change	Addition				
NAME	KLEPP, REV. BRUCE	1.2 NAME	Bruce O. Hlepp						
STREET ADDRESS	14952 SW 143 CT	1.3 STREET ADDRESS	15459 SW 143 lerr.	7710	_				
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL	3319					
TITLE	D DELETE	2.1 TITLE		Change	☐ Addition				
NAME	TARTÁK, WILL	2.2 NAME		•					
STREET ADDRESS	10455 SW 117TH ST	2.3 STREET ADDRESS	[ ·	•	{				
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP							
ΠΊLE	SD. DELETE	3.1 TITLE	حرם ا	Change	Addition				
NAME	COWEY, TOM	3.2 NAME	Allen, Charks 17301 Sw 302 Street	,	ĺ				
STREET ADDRESS	10381 SW 156TH ST	3.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL ·	3.4. CITY+ST-ZIP	Homestead, FL 33030	<u> </u>					
TITLE	DT	4.1 TITLE	D.T	Change	Addition				
NAME	HANLEY, ADOLPH	4, 2 NAME	Figueroa, Reinaldo 15207 SW 1715t						
STREET ADDRESS	19911 SW 114TH ST	4.3 STREET ADDRESS	15207 SW 1715T		j				
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33187						
TITLE	DELETE	5,1 TITLE		Change	Addition				
NAME		5.2 NAME			}				
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<u> </u>						
TITLE	☐ DELETE	6.1 TITLE	. ,	Change	☐ Addition				
NAME	•	6.2 NAME	(	•	· }				
STREET ADDRESS	•	6.3 STREET ADDRESS	,		ļ				
CITY-ST-ZIP		6.4 CITY-ST-ZIP							

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 617, 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.

**SIGNATURE:** 

REVSIGBAUGRE @EGY/LIBED Buce

305-251-0876

-CR2E037 (11/98)