03-13-1999 90003 006 ***600.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

1. Corporatio	MENI# G3150	4					
NATION	al Building Systems, in	NC.					
Principal Plac	e of Business	Mailing Address			I (DUILE ADDO I) FAR FIONE DELL BUILL BEDE DE	I Fib il a lbit afali bi	IDAN BIRSI SODI
340 WEST 78TH ROAD 340 WEST 78TH ROAD							
HIALEAH FL 33014 HIALEAH FL 33014							
					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 04/01/1983	·	
2. Principal P	2. Principal Place of Business 2a, Mailing Address				4. FEI Number	1	plied For
21 26					65-0045201		t Applicable
		Suite, Apt. #, etc.	Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Red	
22		27		<u>.</u>			
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 t Added to	, ,
23 Zin	Country	28 Zip	Country	·	Trust Fund Contribution	· · ·) rees
Zip			_ `		This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registere		
	3. Name and Address of Garte	in registered rigorit	81	Name			
D'Af	NDREA, FRANCIS J. JR.					·	
340 NW 78TH ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)			}
HIAL	EAH FL 33014		83				
			84	City		85 Zip C	ode
affina ar i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was autrations of, Section 607.0505, Florida	orized by a Statutes	the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the statement of the purpose on's board of directors.	or changing its i	jistered
	Signature, typed or printed name of registered ag			nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	DS IN 12
TITLE	PD	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	D'ANDREA, FRANCIS J. JR.	_ 5555.1	1.2 NAME				_
	DAD WEST TOTAL DOAD			T ADDRESS			
STREET ADDRESS	SHALE ALL EL GOODS			{			
CITY-ST-ZIP	D	☐ DELETE	1.4 CITY-S	1-ZIP		☐ Change	Addition
NAME	D'ANDREA, ANTHONY		22 NAME			_ ,	_
STREET ADDRESS	A 40 MEAT TATH BOAD		2.3 STREET	TADOPESS			
CITY-ST-ZIP	HIALEAH FL		2. 4 CITY-S	1			
TITLE	1117 Variation 11 1 7 Co.	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	TADDRESS			
CITY-ST-ZIP	į .		3.4. CITY-S	1			İ
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREET	TADORESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				Ī
STREET ADDRESS			5.3 STREET	TADDRESS			
CITY-ST-ZIP	l		5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME	1		6.2 NAME				

14. I hereby certify that the information supplied with this filling 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 personation 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 or an aftachment with an address, with all other like empowered. 305) 82

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS