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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

MARKO DOOR PRODUCTS, INC.

	•					
Principal Place of Business Mailing Address					T INCHES OF BUILD AND SEAL OF BUILD BOTH BEAUTH BE	OFF STATE BIGGE USBIT AFON JEDI
C/O JEFFREY R. EISENSMITH 5320 STATE RD. 84 5320 STATE RD. 84 DAVIE FL 33314 C/O JEFFREY R. EISENSMITH 5320 STATE RD. 84 DAVIE FL 33314					DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	S SPACE
					12/12/1984	
2. Principal Pla	2a. Mailing Addre	855		4. FEI Number	Applied For	
21		26	26		59-2476402	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #,	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Z (p	30	country	 This corporation owes or has paid the of Personal Property Tax due June 30. 	eurrent year Intangible Yes
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Registere	d Agent
NEUMANN, CHERYL G. 5320 STATE ROAD 84 DAVIE FL 33314				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		
41 Dun ont to	the provisions of Sections 607.0	0602 and 607 1509 Florie	la Ctatutas, the	84 City	F	
	i file provisions of Sections 607.0 gistered agent, or both, in the Statistical familiar with, and accept the obtaining the first section of the first section of the provision	ate of Florida. Such changligations of, Section 607.	ge was authori 0505, Florida S	zed by the corp talules.	corporation submits this statement for the purpose pration's board of directors. I hereby accept the ap	opointment as registered
SIGNATURE	liginature, typind or printed name of registered	agent and title if applicable	(NOTE Regist	ered Agent signature r	equired when reinstating) DATE	
12.		AND DIRECTORS	1:	3.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	PD	☐ DE	LETE 1,	TITLE		Change Addition
NAME	neumann, ken		1.3	2 NAME		
STREET ADDRESS	432 EAST ACRE DRIVE		1.3	STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		1.4	4 CITY - ST - ZIP		
TITLE		☐ DE	LÉTÉ 2.1	1 TITLE		☐ Change ☐ Addition
NAME			2.3	2 NAME		
STREET ADDRESS			2.3	STREET ADDRESS		
CITY-ST-ZIP			2.	4 CITY-ST-ZIP		
TITLE		☐ DE	LETE 3.1	I TITLE		☐ Change ☐ Addition
NAME			3.3	2 NAME		
STREET ADDRESS			3.3	S STREET ADDRESS		
CITY-ST-ZIP			3.4	4. CITY-ST-ZIP		
TITLE		DE	LETE 4.1	1 TITLE		Change Addition
NAME			4.	2 NAME		

CITY-ST-ZIP 14. Thereby 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 changed, or on an attachment with an address.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

DELETE

■ DELETE

Change

Change

Addition

Addition

FILED

Apr 16 1998 8:00am

Secretary of State