## 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

DOCUMENT # H57491

(3)

U-FRAME-IT OF FORT WALTON BEACH, INC.

FILED
Jan 30 1998 8:00am
Secretary of State



					811 F1811 97811 F1811 1881
Principal Place of Business Mailing Address					
C/O WILLIAM SOOTT FOSTER C/O WILLIAM SCOTT FOS					
909 MAR WALT DR. STE 1014 FORT WALTON BEACH FL 32547-6711		909 MAR WALT DR. STE 1014 FORT WALTON BEACH FL 32547-6711		DO NOT WRITE IN THIS SPACE	
		TOTAL MILLON DENOTIFE	02011 0111	3. Date Incorporated or Qualified	, tot.
				05/15/1985	
2. Principal f	Place of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
21		26		59-2537118	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27		27		6. Certificate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		26		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre	
24	25 9. Name and Address of Current	29 3	0]		Yes No
EC		r Registered Agent	81 Name	10. Name and Address of New Registered Ag	jent
	OSTER, WILLIAM SCOTT 9 MAR WALT DR		INATIO		}
	E 1014		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
FORT WALTON BEACH FL 32548			83		
			84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registers.					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
12.	Signature, typed or printed name of registered ager OFFICERS AND		13.	ired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TOLE		Change Addition
NAME	MALAGARIE, SARAH R.		1.2 NAME		
STREET ADDRESS	109 LAKE LORRIANE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR FL		1.4 CITY - ST - ZIP		
TITLE	₽VS	DELETE	2.1 TITLE		Change Addition
NAME '	JONKE, SUE ANN		2.2 NAME		
STREET ADDRESS	231 COUNTRY CLUB RD		2 3 STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR FL		2 4 CITY-ST-ZIP		
TITLE	· _ · · <del>_ · · · · · · · · · · · · · · ·</del>	☐ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET AODRESS		
CITY-ST-ZIP		T Revenue	3.4. CITY-ST-ZIP		1 a
TITLE		☐ DELETE	4.1 TITLE	L	☐ Change ☐ Addition
NAME	1		4. 2 NAME		
STREET ADDRESS	]		4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
NAME		La Dittit	5.1 TITLE 5.2 NAME	_	Touchile Trudottigit
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			62 NAME	_	g
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CiTY-ST-ZIP		
	and he that the information as and and will			06440.03(0)() 51-0-4161	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CICNIATURE.

Sur ann Somb

Suc Ana-Tonk

Dr. 22 1998 (850)862-9090