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 # **H62058**

ATLANTIC GARAGE DOORS, INC.

Mailing Address Principal Place of Business P.O. BOX 12057 1139 OLD DIXIE HWY LAKE PARK FL 33403 LAKE PARK FL 33403 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 06/14/1985 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 59-2576048 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 22 City & State 6. Election Campaign Financing City & State Trust Fund Contribution 23 28 Zip Country 8. This corporation owes the current year Intangible Zip 30 Personal Property Tax. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name

FILED Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90210 023 ***150.00



 \Box

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

926 PENN TRAIL			Street Address (P.O. Box Number is Not Acceptable) 33					
44 Purcuant	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes	the above	-named o	corporation submits this statemer	nt for the purpose of	, changir	ıg its re	gistered
office or re	egistered agent, or both, in the State of Florida. Such change was auth m familiar with, and accept the obligations of, Section 607.0505, Florid	norized by	ine corpo	ration's board of directors. I here	by accept the appoi	ntment	as regi	stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ri	enistered Agen	signature rec	quired when reinstating)	DATE			
12. OFFICERS AND DIRECTORS 13.								
TITLE	PD DELETE	11 TITLE				Cha		Addition
NAME	KENNET, DWIGHT S.	1.2 NAME						
STREET ADDRESS	926 PENN TRAIL	1.3 STREET	ADDRESS					
CITY-ST-ZIP	JUPITER FL	1.4 CITY-S	-ZIP					
TITLE	DELETE	2.1 TITLE				Cha	nge	Addition '
NAME		2.2 NAME)				
STREET ADDRESS		2.3 STREET	ADDRESS		•			
CITY-ST-ZIP		2.4 CITY-S	T-ZIP					
TITLE	☐ DELETÉ	3.1 TITLE				Cha	ange	☐ Addition
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET	ADDRESS					
CITY-ST-ZIP		3.4. CITY- S	T-ZIP					
TITLE	☐ DELETE	4.1 TITLE	1			☐ Cha	enge	☐ Addition
NAME		4, 2 NAME						
STREET ADDRESS		4.3 STREET	ADDRESS					
CITY-ST-ZIP		4.4 CITY-S	r-ZIP					☐ Addition
TITLE	DELETE	5.1 TITLE		•		☐ Cha	ange	☐ Addition
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET						
CITY-ST-ZIP		5.4 CITY-S	r-ZIP					TT Addition
TITLE	DELETE	6.1 TITLE				☐ Ch	ınge	Addition
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET						
CITY-ST-ZIP		6.4 CITY-S	r-zip			416 . 41-4	Alon Ind	ia-motion

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 officer or director of the corporation or the received Block 12 or Block 13 if changed, or on an attact

SIGNATURE:

02-18-99 561-844-6436

CR2E034 (11/98)