

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90102 042 \*\*\*150.00

0039613

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # H86405**

1. Corporation Name  
**SOUTHEAST MILLWORK INCORPORATED**

Principal Place of Business  
**1800 NW 1ST CT  
BOCA RATON FL 33432  
US**

Mailing Address  
**1651 NW 1ST COURT  
BOCA RATON FL 33432  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/18/1985**

4. FEI Number  
**59-2605813**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 **7500 FAIRWAY TRAIL**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **7500 FAIRWAY TRAIL**  
Suite, Apt. #, etc.

22 City & State  
23 **BOCA RATON, FLA**  
Zip Country  
24 **33487** 25

27 City & State  
28 **BOCA RATON, FLA.**  
Zip Country  
29 **33487** 30

9. Name and Address of Current Registered Agent

**PRONYK, RONALD  
1800 NW 1ST CT.  
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 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 *Ronald J. Pronyk*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/11/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	PRONYK, RONALD J.	193-C N.W. 16TH STREET	BOCA RATON-FL	
VTS	PRONYK, DEBRA J.	193-C N.W. 16TH STREET	BOCA RATON-FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		7500 FAIRWAY TRAIL	BOCA RATON, FLA. 33487	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		7500 FAIRWAY TRAIL	BOCA RATON, FLA. 33487	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *Ronald J. Pronyk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/11/99**  
Date

**(561) 392-2929**  
Daytime Phone #

CR2E034 (11/98)