

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 17, 1999 8:00 am**  
**Secretary of State**

08-17-1999 90010 050 \*\*\*150.00  
 08-19-1999 90006 035 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # J53075  
 1. Corporation Name  
**COMMERCIAL DOOR AND HARDWARE COMPANY, INCORPORATED**

Principal Place of Business Mailing Address

1406 S.W. 8 CT STE. D POMPANO-BEACH FL 33069 US  
 1405 S.W. 8 CT STE. D POMPANO BEACH FL 33069 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 4100 N. POWERLINE RD. 26 4100 N. POWERLINE RD.  
 Suite; Apt. #; etc. Suite; Apt. #; etc.  
 22 SUITE C-4 27 SUITE C-4  
 City & State City & State  
 23 POMPANO BEACH, FL. 28 POMPANO BEACH, FL.  
 Zip Country Zip Country  
 24 33073 25 BROWARD 29 33073 30 BROWARD

3. Date Incorporated or Qualified  
 01/22/1987

4. FEI Number Applied For  
 59-2803631 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.  Yes  No

9. Name and Address of Current Registered Agent

BEHRENS, STEVE J  
 1405 SW 8 CT SUITE D  
 POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name BEHRENS, STEVE H  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 4100 N. POWERLINE ROAD  
 83 SUITE C-4  
 84 City POMPANO BEACH FL 85 Zip Code 33073

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHRENS, STEVE JR	1.2 NAME	BEHRENS, STEVE JR. (ADDRESS ONLY)
STREET ADDRESS	1405 SW 8 CT SUITE D	1.3 STREET ADDRESS	4100 N. POWERLINE ROAD SUITE C-4
CITY-ST-ZIP	POMPANO BCH FL	1.4 CITY-ST-ZIP	POMPANO BCH, FLA.
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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.

SIGNATURE: Steve Behrens 7/26/99 954-917-9332  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

J53075  
607782-90006-35

COMMERCIAL DOOR & HARDWARE CO., INC.

17553

	INVOICE NUMBER	AMOUNT	DISCOUNT	NET AMOUNT
--	----------------	--------	----------	------------

DATE

CHECK NUMBER

TO REPLACE CK# 17012  
ORIGINALLY SENT WITH REPORT  
FILED ON 7/27/99 THAT WAS LOST