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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT#** J90735

1. Corporation Name

Principal Place of Business

C SIDE SHEET METAL INC.

% TIMOTHY LEE COX 1876 DE ANDRE'S WAY SB DELRAY 8CH FL 33445 US		% TIMOTHY LEE COX 1876 DR ANDRE'S WAY SB DELRAY BCH FL 33445 US  2a. Mailing Address			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  09/03/1987  4. FEI Number  Applied For
·····	ace of Business	<b>⊢</b> •			59-2843531 Not Applicable
21	4 -1-	26 Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. :	#, etc.	27			5. Certificate of Status Desired Fee Required
City & State	3	City & State			6. Election Campaign Financing 55.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
24 25		29 30			Personal Property Tax.   ☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent	81		10. Name and Address of New Registered Agent
				Name	
PROFFITT, JOHN M 18463 SPANISH ISLES COURT				Street	Address (P.O. Box Number is Not Acceptable)
	A RATON FL 33496				
	A NATON I E 33430		83		
			84	City	85 Zip Code
44 5	L. II	2 and 607 1509 Florida Statutes 1	the above	a-named	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State,	of Florida. Such change was author	rized by	the corpo	oration's board of directors. I hereby accept the appointment as registered
agent. I ar	n familiar with land accept the obliga	tions of Section 607.0505, Florida	Statutes	٠.	4/11/19
SIGNATURE	Signature, types or printed name of registered age	nt and title if applicable (NOTE: Reg	istered Ager	nt signature r	required when reinstating) PATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COX. TIMOTHY LEE		1.2 NAME		
STREET ADDRESS	360 NW 5TH AVENUE		1.3 STREE		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-S	T-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COX, SUSANNA HERMAN	i	2.2 NAME		
STREET ADDRESS	000 AB1		2.3 STREE	TADDRESS	
CITY+ST-ZIP			2. 4 CITY-5	ST-ZIP .	
TITLE			3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	•	
STREET ADDRESS	DRESS 18463 SPANISH ISLES COURT 33S		3.3 STREE	T ADDRESS	•
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	
TITLE			4.1 TITLE	_	☐ Change ☐ Addition
NAME	-		4. 2 NAME		
STREET ADDRESS	:ss		4.3 STREE	TADORESS	:
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP		<u> </u>	5.4 CITY-S	T-ZIP	
TITLE	<del></del>	☐ DELETE (	6.1 TITLE		☐ Change ☐ Addition
NAME		ļ	6.2 NAME		
STREET ANDRESS			6.3 STREE	TADDRESS	<b>}</b> [

6.4 CITY-ST-ZIP

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:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90180 016 \*\*\*150.00