

COND 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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 09, 1999 8:00 am
Secretary of State
07-09-1999 90012 024 ***550.00

DOCUMENT # **J95202**
Corporation Name

A-1 CUSTOM MICA, INC.



Principal Place of Business
5 PLUNKETT STREET
LYWOOD FL 33023

Mailing Address
5805 PLUNKETT STREET
HOLLYWOOD FL 33023
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1987	
Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0006482	
City & State		27. City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country		29. Country		8. This corporation owes the current year Intangible Personal Property ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent BENCIVENGA, MICHAEL 12001 ASHFORD LANE DAVIE FL 33325				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. Zip Code	
				FL	

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
2. ADDRESS		1.2 NAME	
3. CITY-STATE-ZIP		1.3 STREET ADDRESS	
		1.4 CITY-STATE-ZIP	
4. NAME	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
5. ADDRESS		2.2 NAME	
6. CITY-STATE-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-STATE-ZIP	
7. NAME	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
8. ADDRESS		3.2 NAME	
9. CITY-STATE-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-STATE-ZIP	
10. NAME	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
11. ADDRESS		4.2 NAME	
12. CITY-STATE-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-STATE-ZIP	
13. NAME	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
14. ADDRESS		5.2 NAME	
15. CITY-STATE-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-STATE-ZIP	
16. NAME	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
17. ADDRESS		6.2 NAME	
18. CITY-STATE-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-STATE-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)