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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K13619

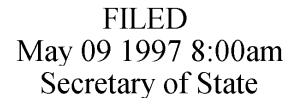
CUSTOM FINISHES, INC.

Principal Place of Business

1109 NE 45 STREET

Mailing Address

1109 NE 45 STREET





OAKLAND PARK FL 33334			OAKLAND I	OAKLAND PARK FL 33334-3813								
								3. Date Incorporated or Qualified 02/02/1988	3a. Da	te of Li 18/19		port
2. Principal Pl	lace of Busin	ess	2a. Mailing	Address				4. FEI Number		Ť	App	ied for
21			26	26				65-0029036			Not	Applicable
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	9		City & S	State				Election Campaign Financing Trust Fund Contribution		, -	.00 M	
Zip		Country	Zφ		Count	iry		8. This corporation has liability for	intangible			
24		25	29		30			Florida Statutes	Yes [
			Current Registered Ag	jent			·	10. Name and Address of New Re	gistered /	Agent		
	IUNZIATA, 1	THOMAS \$			8	11	Name					
	NE 45ST	I/ EL 00004			8	12	Street Ad	dress (P.O. Box Number is Not Acceptal	olo)	· ··		
UAK	KLAND PAK	K FL 33334			8	13			<u></u>			
					8	14	City		FL.	85	Zip Co	odo
11 Dureupnt t	to the provisi	one of Sections 6	07 0502 and 607 1509	Florida Ctat.	dos the she		namad c	orporation submits this statement for the p		obana	ino ito	ropistorod
office or re agent. I ar	egistered age m fam iliar wit	ont, or both, in thin, and accept th	e State of Florida Such e obligations of, Section	change was 607.0505, F	authorized Florida Statul	by tes	the corpo	ration's board of directors. Thereby acce	pt the app	ointme	nt as re	gistered
SIGNATURE	Signature, typed	or printed name of regi	stered agent and title If applicable	· (NC	OTE Registered /	Aper	nt signature re	quired when reinstating)	DATE			
12.		OFFICE	RS AND DIRECTORS		13.	-		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIREC	TORS	IN 12
TITLE	PD			DELETE	1.1 101.1	Ę				Cha	inge	Addition
NAME	ANNUNZI	ata, Thomas	S.		1.2 NAM	IE						
STREET ADDRESS	1109 NE				1.3 STRE	EET.	ADDRESS					
CITY-ST-ZIP	OAKLANI) FL			1,4 0(1)	- 81	1 - ZIP					
TITLE				DELETE	2.1 TITLE	F				☐ Cha	nge	Addition
NAME					2.2 NAM	1E						
STREET ADDRESS					2.3 S1RE	EET.	ADDRESS					
CITY-ST-ZIP					2 4 CH1		1 - Z IP			<u>.</u>		
TITLE				DELETE	3.1 TITL			•		∐ Cha	inge	Addition
NAME					3.2 NAM							
STREET ADDRESS					1		ADDRESS					
CITY-ST-ZIP				DELETE	3 4. CIIY		1- ZIP			T 01-		l a galota e
TITLE			1	L_ DELETE	4,1100		ļ			Cha	inge	☐ Addilion
NAME (4. 2 NAM							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP				DELETE	4.4 CITY 5.1 TITLE		1 - ZIP			☐ Cha		Addition
NAME			'		5.2 NAM		-			L 0 1 K	141Bo	L_ AUGUION
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP TITLE				DELETE	5.4 C/TY 6.1 T/TL		1 - 211'			☐ Cha	nae	Addition
NAME			'	OLLUIL	6.1 IIIL					018	yu∪	AUUNUN
STREET ADDRESS							ADDRESS					
							L					
CITY-ST-ZIP	ov certify that	the information	supplied with this filing o	ions not qua	6.4 CITY			ed in Section 119 07(3)(i) Florida Statute	s I further	certify	that th	0

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 exactment with an additions.