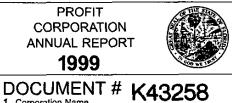
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

## Apr 14, 1999 8:00 am Secretary of State **Katherine Harris** 04-14-1999 90214 011 \*\*\*150.00

BROWA	rd Custom Woodwork	K, INC.							
Principal Plac	e of Business	Mailing Address				{		I BEDEL BLOSE DI	IBII DIDII IOOI
17520 SW 103 PL 17520 SW 103 PL ARCHER FL 32618 ARCHER FL 32618						DO NOT WRITE IN	THIS S	SPACE	
						3. Date Incorporated or Qualifed			
						11/03/1988			l
Principal Place of Business     2a. Mailing Address						4. FEI Number		Apı	plied For
21		26	<del>-</del> , *			65-0080302	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #						-5. Certifcate of Status Desired		\$8.75 A	
22		27	27			-5. Certificate of Status Desired		Fee Re	quired
City & Stat	te	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28	28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current ye			_
24	25		30			Personal Property Tax.			□No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registe	red A	gent	
			8	31	Name				
	Elbel, William J 20 Sw 103 Pl		8	32	Street Add	ress (P.O. Box Number is Not Acceptable)			
ARCHER FL 32618			8	33					
			8	34	City		FL	85 Zip C	Code
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R  12. OFFICERS AND DIRECTORS				gistered Agent signature require		ed when reinstating)  ADDITIONS/CHANGES TO OFFICER		DIRECTO	RS IN 12
TITLE	PSTD	DELETE	1.1 TITLE			appage and the state of the sta		Change	☐ Addition
NAME	KOELBEL, WILLIAM J			1.2 NAME					
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP	ARCHER FL 32618		1.4 CITY						
TITLE	AROTENTE GEGTO	☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME			2.2 NAM	Ε	1				
STREET ADDRESS			2.3 STRE	EET A	ADDRESS				
CITY-ST-ZIP			2:4 CIT	2:4 CITY-ST-ZIP = -		· · · · · · · · · · · · · · · · · · ·			- **-
TITLE				3.1 TITLE				Change	☐ Addition
NAME			3.2 NAM	ŧΕ					
STREET ADDRESS			3.3 STRI	EETA	ADORESS .				
CITY-ST-ZIP			3.4. CITY	Y-\$T-	-ZIP				<del></del>
TITLE		☐ DELETE	4.1 TITU	E				Change	☐ Addition
NAME			4. 2 NAM	ΜE					
STREET ADDRESS			4.3 STRI	EETA	ADDRESS				
CITY-ST-ZIP			4.4 CITY		ZIP			<u></u>	
TITLE		☐ DELETE	5.1 TITLI		]			Change	□ Addition
NAME			5.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		Pm == ===	5.4 CITY		ZIP			Change	☐ Addition
TITLE		☐ DELETE	6.1 TITLE		}			Change	☐ Addition
NAME			6.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP.			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 eport 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 further exemptions are required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on languagement with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR