

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER M. SHAW
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

DOCUMENT # K52813 (8)

JULY - 1 AM 5:04

MILLWORK SPECIALIST INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address

3961 SW 47 AVE
SUITE #1305
FT LAUDERDALE FL 33314
US

Mail Address

3961 SW 47TH AVE
SUITE #1305
FT LAUDERDALE FL 33314
US

3. Date of next required filing	3a. Date of last report
12/21/1988	04/28/1994
4. Filing Number	Applied For Not Applicable
65-0029518	
5. Certificate of Status Issued	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. Has the corporation applied for and received a license to do business in Florida?	Yes ☐ No ☒
Florida Statutes	

21. Principal Office Address	2a. Mail Address		
4729 N.W. 103 AVE	11201 N.W. 26 ST.		
22. City	27. City		
SUNRISE, FL.	PLANTATION, FL.		
23. State	28. State		
FL.	FL.		
24. ZIP Code	25. U.S.A.	29. ZIP Code	30. U.S.A.
33351		33323	

9. Name and Address of Current Registered Agent

GREG, GARCIA
3961 SW 47 AVE
SUITE 1305
FT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. ZIP Code	

11. Pursuant to the provisions of Sections 607, 608, and 609, 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 of this corporation with and under the provisions of law for 1995, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary of Corporation

Signature of Registered Agent or Secretary of Corporation

Signature of Registered Agent or Secretary of Corporation

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
			☐ Change ☐ Addition
1. NAME	DP ^A GARCIA, GREG	1. NAME	
2. STREET ADDRESS	11201 NW 26 ST	2. STREET ADDRESS	
3. CITY	PLANTATION FL	3. CITY	
4. STATE		4. STATE	
5. ZIP CODE		5. ZIP CODE	
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY		8. CITY	
9. STATE		9. STATE	
10. ZIP CODE		10. ZIP CODE	
11. NAME		11. NAME	
12. STREET ADDRESS		12. STREET ADDRESS	
13. CITY		13. CITY	
14. STATE		14. STATE	
15. ZIP CODE		15. ZIP CODE	
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY		18. CITY	
19. STATE		19. STATE	
20. ZIP CODE		20. ZIP CODE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607, 608, and 609, Florida Statutes. I further certify that the information included on the annual report or consolidated 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 2, of the report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREG, GARCIA

4-30-95

305-573-2508