

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:02

DOCUMENT # K83075

(7)

1. Corporation Name

CYCLONE ROLLING DOOR MANUFACTURING CO., INC.

Principal Place of Business

**% NOEL J. FEINBERG
12550 BISCAYNE BLVD., STE 304B
MIAMI FL 33181-2579**

Mailing Address

**% NOEL J. FEINBERG
12550 BISCAYNE BLVD., STE 304B
MIAMI FL 33181-2579**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/25/1989

3a. Date of Last Report
02/09/1994

4. FEI Number
65-0123248

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 12195 NW 98 Avenue

2a. Mailing Address

26 12195 NW 98 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Hialeah Gardens FL

City & State

28 Hialeah Gardens FL

Zip

Country

24 33016

25 USA

Zip

Country

29 33016

30 USA

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. 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 of registered agent or person authorized to act as agent

(ASTD) Registered Agent separate required when renouncing

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME BERGER, ALLEN
STREET ADDRESS 12195 NW 98TH AVE.
CITY-ST-ZIP HIALEAH GDNS. FL 33016**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
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STREET ADDRESS
CITY-ST-ZIP**

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CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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. 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 of a change, or on an attachment with an address.

SIGNATURE:

Allen Berger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-07-95