

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K94140** (6)

1. Corporation Name  
**FOSTER'S COOL DECKING, INC.**

Principal Place of Business  
**441 N. E. MIDVALE STREET  
PORT ST. LUCIE FL 34983**

Mailing Address  
**441 N. E. MIDVALE STREET  
PORT ST. LUCIE FL 34983**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/08/1989**

2. Principal Place of Business <b>21 1718 S.W. Cabin Place</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 1718 S.W. Cabin Place</b> Suite, Apt. #, etc.
22 City & State <b>23 Palm City, FL</b> Zip <b>24 34990</b>	27 City & State <b>28 Palm City, FL</b> Zip <b>29 34990</b>
25 Country <b>25 USA</b>	30 Country <b>30 USA</b>

4. FEI Number <b>65-0123569</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FOSTER, DEANNA  
441 NE MIDVALE ST  
PORT ST LUCIE FL 34983**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Secretary - VTS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FOSTER, ROBERT M.</b>		1.2 NAME <b>Deanna Foster</b>	
STREET ADDRESS <b>441 N. E. MIDVALE ST.</b>		1.3 STREET ADDRESS <b>1718 S.W. CABIN PLACE</b>	
CITY-ST-ZIP <b>PORT ST LUCIE FL</b>		1.4 CITY-ST-ZIP <b>PALM CITY FL 34990</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FOSTER, DEANNA G.</b>		2.2 NAME <b>Robert M. Foster</b>	
STREET ADDRESS <b>441 N. E. MIDVALE</b>		2.3 STREET ADDRESS <b>1718 S.W. CABIN PLACE</b>	
CITY-ST-ZIP <b>PORT ST. LUCIE FL</b>		2.4 CITY-ST-ZIP <b>PALM CITY FL 34990</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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 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:  **3/18/98 561340-1374**

CR2E034 (10/97)