

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L08404** (0)

1. Corporation Name

D D S DOOR SYSTEMS, INC.



Principal Place of Business

**933 MISSION HILL ROAD
BOYNTON BEACH FL 33435
US**

Mailing Address

**933 MISSION HILL ROAD
BOYNTON BEACH FL 33435
US**

3. Date Incorporated or Qualified

08/10/1989

3a. Date of Last Report

03/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0138316

Applied For

Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GERHARDT, DAVID
933 MISSION HILL ROAD
BOYNTON BEACH FL 33435**

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 is required when registering.

Signature of Registered Agent is required when registering.

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

GERHARDT, DAVID

1.2 NAME

STREET ADDRESS

933 MISSION HILL ROAD

1.3 STREET ADDRESS

CITY-STATE-ZIP

BOYNTON BEACH FL

1.4 CITY-STATE-ZIP

TITLE

SVD

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

DARNELL, DIANE

2.2 NAME

STREET ADDRESS

933 MISSION HILL ROAD

2.3 STREET ADDRESS

CITY-STATE-ZIP

BOYNTON BEACH FL

2.4 CITY-STATE-ZIP

TITLE

TD

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

MCDONALD, SEAN

3.2 NAME

STREET ADDRESS

4765 NE 16TH AVE

3.3 STREET ADDRESS

CITY-STATE-ZIP

FT LAUDERDALE FL

3.4 CITY-STATE-ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 recorder 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: *Diane L. Darnell* **Diane L. Darnell, V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

(407) 736-3311

DATE

TELEPHONE NUMBER

CR2E034 (12/95)