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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L40828**

1. Corporation Name

EXTERIOR CONCEPTS, INC.

Principal Place	of Business	Ma	iling Address		_			- III						01811 01811 1891
358 THORPE RD			358 THORPE RD											
ORLANDO FL 32824			ORLANDO FL 32824											
US		US	US				DO NOT WRITE IN THIS SPACE							
								1	corporated o	or Qualife	d			
								01/03						
2. Principal Pl	lace of Business	2a.	Mailing Address					4. FEI Nu						pplied For
21		26						65-01	<u>67573 </u>					ot Applicable
Suite, Apt.	#, etc	<u> </u>	Suite, Apt. #, etc.	-				5 Certifca	te of Status	Desired		2	— — — —	Additional
22		27						1						
City & State	е	Ъ,	City & State						Campaign		9 🗆			May Be to Fees
23		28	 ?'_						und Contrib					io rees
Zip	Country		Zip		untry				poration ov		ırrent ye		ngible ⊠ Yes	□No
24	25	29		30	_			10. Name	Property		/ Ronie			
	9. Name and Address of Currer	n Kegis	tered Agent		81	Nam		(Q, Ivallie	illu Audite	3 01 1464	rtegio	torou /	90	
RANI	KA, LOUIS L II				["]									
	HESTER AVE				82	Stre	et Addre	ess (P.O. Box	Number is	Not Acce	ptable)			
9930 9AN	EADD EL 20773				83					·				
SAN	FORD FL 32773				83									{
					84	City			-			FL	85 Zip	Code
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11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 60	07.1508, Florida Statu la: Such change was :	utes, the a authorize	abov€ d bv	e-name the co	ed corpo rporatio	oration submit in's board of d	s this staten irectors. I h	nent for tr ereby acc	ept the	ose or c	manging it ment as r	egistered
agent. I a	m familiar with, and accept the obliga	tions of,	Section 607.0505, FI	lorida Sta	tutes					•	•	• •		
						•								
SIGNATURE						•								
SIGNATURE	Signature, typed or printed name of registered age		f applicable. (NO)	TE: Registere			re required	d when reinstating)				ATE	DIRECT	ODC IN 12
12.	OFFICERS AN		f applicable. (NOT	TE: Registere			re required		NS/CHANC	SES TO C				
	OFFICERS AND PSTD		f applicable. (NO)	TE: Registere 13.	TITLE		re required		NS/CHANC	SES TO C			DIRECT	
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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 of 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #