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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L62891 (1) 1. Corporation Name SUNCOAST SOFFIT SPECIALTIES, INC. Principal Place of Business 2108 LAURA LANE LEHIGH ACRES FL 33971 LEHIGH ACRES FL 33971 (1) Mailing Address 2108 LAURA LANE LEHIGH ACRES FL 33971-5426										
US			US				3. Date Incorporated or Qualified 04/02/1990	3a. Date of 05/01/19		
2. Principal Place of Business 21 Suite Apt. #, etc. 22			} <u>-</u>	26. Mailing Address 26. Suite, Apt. #, etc. 27.			4. FEI Number		Applied For	
							65-0159023		Not Applicable \$8.75 Additional	
							5. Certificate of Status Desired	1 1 -	Fee Required	
City & Sta	ite		28 Cit	ly & State			Election Campaign Financing Trust Fund Contribution		5.00 May E	
23 Zip		Country	Zir	0	Country	у	8. This corporation has liability for			
24	2		29		30		Florida Statutes	Yes 🔼 No		·
/enr	9. Name a DTT MONTAL1	nd Address of Cu	urrent Registere	ed Agent	81	Name	10. Name and Address of New Re	egistered Agent	<u> </u>	
	8 LAURA LAN				82	1	Iress (P.O. Box Number is Not Accepta	hia)		
	IIGH ACRES F					1	iless [r.o. pox inullibel is that Accepta			
					83	}				
					84	City	<u></u>	FL 85	Zip Code	
11. Pursunnt office or	t to the provision	ns of Sections 607	.0502 and 607.1 State of Florida.	1508, Florida Stati Such change was	utes, the above	re-named corpora	poration submits this statement for the ation's board of directors. I hereby acce	purpose of chan	ging its regis	tered ered
SIGNATURE		product name of registers	ed ageni and tille if api	plicable (NC	DTE: Registered Ap		poration submits this statement for the ation's board of directors. I hereby accellated when reinstating)	DATE		
SIGNATURE	Stgrahoe, typod or	product name of registers		plicable (NC	OTE: Hegislered Ap			DATE	CTORS IN 1	2
SIGNATURE	DP MONTALTO	OFFICE RS	ed ageni and tille if api	plicable (NC	DTE: Registered Ap	ent signature requi	ulred when reinstating)	DATE	CTORS IN 1	5
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SIGNATURE 12. THE NAME STREELADORESS CITY-SL-742 THE NAME STREELADORESS CITY-SL-242	DP MONTALTO 2108 LAUR LEHIGH AC	OFFICERS , SCOTT EL LANE	ed ageni and tille if api	phicable (NC)PRS DELETE DELETE	18. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CHY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	ent signature requi	ulred when reinstating)	DATE ICERS AND DIRE I C	ECTORS IN 1 hange A	2 addition
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