

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra P. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L73218

(4)

1. Corporation Name

A-1 SCREEN RITE, INC.



Principal Place of Business

% DAVID G. WROBLESKI
6875 W LONGBOW BEND
DAVE FL 33331

Mailing Address

% DAVID G. WROBLESKI
6875 W LONGBOW BEND
DAVE FL 33331
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

WROBLESKI, DAVID G.
6875 W LONGBOW BEND
DAVE FL 33331

3. Date of Incorporation or Qualified

05/16/1990

3a. Date of Last Report

01/18/1995

4. FCI Number

65-0181210

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

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. The entity at the appointment as registered agent, I am familiar with, and accept the obligation of Sections 607.0505, Florida Statutes.

SIGNATURE

Signature of the person changing the registered office or registered agent

Signature of the person accepting the appointment as registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
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NAME
STREET ADDRESS
CITY-STATE-ZIP

P
WROBLESKI, DAVID G
6875 WEST LONGBOW ROAD
DAVE FL
ST
WROBLESKI, EMILY
6875 WEST LONGBOW ROAD
DAVE FL

☐ DELETE

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13.
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
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91. STREET ADDRESS
92. CITY-STATE-ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied herein is correct and does not qualify for the exemption stated in Section 119.02(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 receiver or trustee, empowered to prepare 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: *Emil Wroblewski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 954-4347 SED

CR2E034 (12/95)