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03-11-1999 90102 042 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

<ol> <li>Corporation</li> </ol>	MENT # M40408 OLLING DOOR CO., INC.							
Principal Place	e of Business	Mailing Address					OII #1217 41471	
8699 NW 66TH	ST	7355 WEST 4TH AVENUE						
MIAMI FL 33166 APT. #413								
US		HIALEAH FL 33014			Ĺ	DO NOT WRITE IN THIS	SPACE	<del> </del>
		US			3	<ol> <li>Date Incorporated or Qualified</li> <li>10/22/1986</li> </ol>		1
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number	Ar	pplied For
	N.W. 66th STREET	26 8699 N.W.	66t	h STREE	$\mathbf{ET}$	59-2751986	N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.					\$8.75	Additional
22		27			;	5. Certifcate of Status Desired	_ Fee Re	equired
City & State	e	City & State		1 - 5,		6. Election Campaign Financing	\$5.00	May Be
	MI, FL	28 MIAMI, FL				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cour	itry	-	8. This corporation owes the current year Int.	angible	
33	3166 <sub>[25]</sub> U.S.A.	33166	0	U.S.A.		Personal Property Tax.	☐Yes	□No
24	9. Name and Address of Current		<u> </u>		10	0. Name and Address of New Registered	Agent	
	V. Hallo alla vita de la constanta			81 Name				
RAY	L. BOOKER		-			(0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		
7355 WEST 4TH AVENUE				82 Street Add	ddress	(P.O. Box Number is Not Acceptable)		
SUITE 413				83			<del></del>	<del></del>
HIALEAH FL 33014				••				
i ivi il	24112 33011		Ī	84 City		FL	85 Zip	Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the State o m familiar with, and accept the obligation Signature, typed or printed name of registered agent.	ons of, Section 607.0505, Florid	la Statu	tes.		board of directors. I hereby accept the appoint		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	DRS IN 12
TITLE	P	☐ DELETE	1.1 TIT	E			Change	☐ Addition
NAME	BOOKER, RAY L.		1.2 NA	Æ				ļ
STREET ADDRESS	7355 WEST 4TH AVENUE #413		1.3 STF	REET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		1.4 CIT	Y-ST-ZIP				
TITLE	S	☐ DELETE	2.1 TIT				Change	☐ Addition
	BOOKER, NEREIDA		2.2 NA	AF				ļ
NAME	7355 WEST 4TH AVENUE #413			REET ADDRESS				
STREET ADDRESS	HIALEAH FL							·
CITY-ST-ZIP	HIALEAN FL	☐ DELETE	3.1 TIT	Y-ST-ZIP			☐ Change	Addition
TITLE		□ pere≀e	1				onango	
NAME			3.2 NA	i				
STREET ADDRESS			3.3 STF	REET ADDRESS				
CITY-ST-ZIP			-	Y-\$T-ZIP				
TITLE		☐ DELETE	4.1 TIT	.E			Change	☐ Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STF	REET ADDRESS				ļ
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	5.1 T/T	£			Change	☐ Addition
NAME			5.2 NA	ME				ſ
STREET ADDRESS			5.3 ST	REET ADDRESS				ļ
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT	E			Change	Addition
NAME .			6.2 NA	ME			. ^	
STREET ADDRESS			6.3 ST	REET ADDRESS				ļ

14. 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

3/8/99

305-594-1900