

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M96842

(3)

1. Corporation Name

ROLLING DOOR COMPANY, INC.

Principal Place of Business

5723 SW 106TH AVE.
FT. LAUDERDALE FL 33328

Mailing Address

5723 SW 106TH AVE.
FT. LAUDERDALE FL 33328



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BROWN, CRAIG
5273 SW 106TH AVE.
FT. LAUDERDALE FL 33328

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 602, 603 and 604 of the 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 604.05, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE DP [] DELETE

NAME BROWN, CRAIG
STREET ADDRESS 5273 SW 106TH AVE.
CITY-STATE-ZIP FT. LAUDERDALE FL

2. TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE [] Change [] Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

[] Change [] Addition

5. NAME

6. STREET ADDRESS

7. CITY-STATE-ZIP

[] Change [] Addition

8. NAME

9. STREET ADDRESS

10. CITY-STATE-ZIP

[] Change [] Addition

11. NAME

12. STREET ADDRESS

13. CITY-STATE-ZIP

[] Change [] Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

[] Change [] Addition

17. NAME

18. STREET ADDRESS

19. CITY-STATE-ZIP

[] Change [] Addition

20. NAME

21. STREET ADDRESS

22. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this report is valid and does not comply with 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 registered business enterprise I am submitting this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an addition with an address.

SIGNATURE:

JOB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

954-434-7211

CR2E034 (12/95)