FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N12923

2. Principal Place of Business
11 98 HZP/4 (180/4

SOUTH FLORIDA TRUSS AND COMPONENT MANUFACTURERS ASSOCIATION, INC.

Principal Place of Business % GULF STREAM LUMBER COMPANY 1415 S. FEDERAL HIGHWAY BOYNTON BEACH FL 33435

Mailing Address

2a. Mailing Address

98 AZALEA CIRCLE **BOYNTON BEACH FL 33436**

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90032 015 ****61.25



Annlind For

3. Date Incorporated or Qualifed

01/09/1986

Suite, Apt.	#, etc.	Suite, Apt. #, etc.				FEI Number		App	IIII FOI			
27						65-0038566		Not	Applicable			
City & State City & State						5. Certifcate of Status Desired	¬ \$	\$8:75 Additional				
Bayatan Stach FL 28						o. Certificate of States Desired.		Fee Req	uired			
Zip Country Zip			Cou	ntry		6. Election Campaign Financing	6. Election Campaign Financing \$5.00 May					
24 3 3 4 3 6 25 USA 29 30						Trust Fund Contribution	Trust Fund Contribution Added to Fe					
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
				81	Name							
LAWSON, JOE				82 Street Address (P.O. Box Number is Not Acceptable)								
98 AZALEA CIRCLE				01100111000 (1.101 00111011101 1 1 1 1 1 1 1 1 1 1 1						ĺ		
BOYNTON BEACH FL 33436					83							
					as 75 Code							
					4 City FL 85 Zip Code							
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the al	bove-r	named cor	rporation submits this statement for the pu	rpose of cha	nging its r	egistered	ĺ		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Fiorida. Such change was a	umonzeo	ւ Ե ջ ա	ie corbora	tion's board of directors. I hereby accept t	e appoint	· ras ich		i		
•									٠ .	1		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	Agent s	ignature requi	ired when reinstating)	DATE			6		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC				ĭ		
TITLE	D DELETE		1.1 TI	ΠE] Change	Addition	٦		
NAME	CRUZE, KIRK			ME						3		
STREET ADDRESS HALF MILE LUMBER 9500 W ATLANTIC AVE				REETA	DDRESS					ıμ		
CITY-ST-ZIP	DELRAY BEACH FL			TY-ST-Z	ZIP					ğ		
TITLE	VP	DELETE	2.1 Tr	TLE		Res] Change	Addition			
NAME	GELATT, GLENN			WE			_	,		l		
STREET ADDRESS	THE PARTY OF THE PARTY OF THE ATT AND AND			REETA	DDRESS A	Bob Becht Chambers TRUSS 319 Trivace FL 3498	35 OI	RAND	rck	l		
CITY-ST-ZIP	WEST PALM BEACH FL			ITY-ST-	ZIP	- Pirace FL 3448	2			l		
TITLE	[17] p. a.		_	3.1 TITLE		and the second	[] Change	☐ Addition	l		
NAME	NUEDE, MIKE		3.2 N	3.2 NAME		•				l		
STREET ADDRESS	A1 ROOF TRUSSES, 199 PIKE ROAD			3.3 STREET ADDRESS		•				l		
CITY-ST-ZIP	WEST PALM BEACH FL			3.4. CITY-ST-ZIP		•				i		
TITLE	T DELETE			n.e] Change	Addition	ł		
NAME	LAWSON, JOE			AME		•						
STREET ADDRESS	4- 4-11-4 OIDOLE				DORESS							
	BOYNTON BEACH FL			TY-ST-	1				_	i		
CITY-ST-ZIP TITLE	S DELETE			TLE		5] Change	Agdition			
NAME	PLACERES, BELKIS		5.2 N			TINA BECK		_				
STREET ADDRESS			5.3 \$1	REETA	DDRESS A	9-1 Red TRUSS 189	Pike	Rena	<i>!</i>			
	MIAMI FL 33188			TY-ST-2		West Pala Beach 1			,			
CITY+ST-ZIP TITLE	- WALLETE			TLE	1	IP	<u> </u>	Change	∑ Acdition			
	D I FACOR JOHN		6.2 N	ME		la Romanda	_		∕ V. ∣	l		
NAME	LEASOR, JOHN	, . T WAV			DDRESS 2	LOU BOCK ARDO YAK MILE LUMBER	9500	e w.	Alpo	ريا		
STREET ADDRESS		E WAT					1-00		بالمهرز بن -	-		
CITY-ST-ZIP	JUPITER FL 33458	this filing door not qualify for		TY-ST-Z		Section 449 07(3)(i) Florida Statutes I fu	ther certify	that the in	formation	i		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an aptress, with all other like empowered.

SIGNATURE: