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

**CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000043340 (7)

KEITH STEWART CARPENTRY, INC.

Principal Place of Business

791 BNEAD CIRCLE

Mailing Address

791 SNEAD CIRCLE
WEST PALM BEACH FL 33413-1277

## **FILED** May 06 1997 8:00am Secretary of State



TIEST PALM D	ENON PE \$5415	TEGI I ALM DENGITTE SOTI						
					3. Date Incorporated or Qualified 06/14/1993		te of Last )1/1996	
	lace of Business	2a. Mailing Address	e	0.	4. FEI Number			Applied For
21 74/	* nead to	26 791 Smea	34	U1_	65-0446574		·	Not Applicable
22	π, οιο.	27			5. Certificate of Status Desired			Additional Required
City & State	- 1-1	City & State			6. Election Campaign Financing		\$5.0	O May Be
23 ///	013 1-4・	28 WPB.			Trust Fund Contribution			d to Fees
コ <sup>zip</sup> つく	Country	70 77/10	Country		8. This corporation has liability for i			rs. 199.032,
24 554	9. Name and Address of Current	Registered Agent	D W/	5.15	Florida Statutes  10. Name and Address of New Re	Yes _	_	
STE		The growth of th	81	Name	10. 110	91010104 71	90	
STEWART, KEITH 791 SNEAD CIRCLE WEST PALM BEACH FL 33413					Addition (D.O. Day Visited in No.			
					82 Street Address (P.O. Box Number is Not Acceptable)			
			83					
			84	City			85 Z	p Code
						<u>FL</u>		
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State om m familier with, and accept the obligat	and 607.1508, Florida Statutes, If Florida. Such change was aut ions of, Section 607.0505, Florid	the above horized by la Statutes	e-named col the corpora s.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of if the appo	changing intment a	g its registered as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT)	on stered And	ol sonahra tea	uired when re-instaling)	DATE		
12.	OFFICERS AND		13.	organizate toq	ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				Change	ORS IN 12 e Addition
NAME	STEWART, KEITH		1.2 NAME					
STREET ADDRESS	791 SNEAD CIRCLE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33413		1.4 CITY-S	T- <b>7</b> IP				
TITLE	SD STOULD BY	☐ DELETE	21 TITLE				Change	e [] Addition
NAME	STEWART, RUTH		2.2 NAME					
STREET ADDRESS	791 SNEAD CIRCLE WEST PALM BEACH FL 33413		2.3 STREET					
CITY-ST-ZIP TITLE	WEST FALM DEACH FL 33413	☐ DELETE	2 4 CITY-5 31 TITLE	61 - 7IP	<del> </del>		Change	e Addition
NAME		OLICAL	3.2 NAME			•	onling	o tall noomen
STREET ADDRESS			3.3 STREET	Annerss				
CITY-ST-ZIP			3.4. CITY - 9					
TITLE		DELETE	4 1 TITLE				Change	e Addition
NAME			4 2 NAME					
STREET ADDRESS			4 3 STREET	ADDRESS				
CITY-ST-ZIP			44 CITY - S	T-ZIP				
TITLE		☐ DELETE	51 TITLE				Change	e 🔲 Addition
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREET					
CITY-ST-ZIP		T DELETE	54 CITY-S	I - ZIP			1000	4 3 320 -
TITLE		☐ DELETE	61 11111			l	Change	e [ Addition
NAME			62 NAME					
STREET ADDRESS			63 STREET					
CITY-ST-ZIP			64 CITY - S	T-ZIP				

14. I do 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 eath; 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, groin an attachment with an address.

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