FILE	NOW: FILING FEE	AFTER MAY 1	IS \$2	25.00			
PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCU	MENT # P930 0		(4)				
1. Corporation BROV	NARD DOOR CLOSER SER\	VICE ENTERPRISE.	INC.				
Principal Place of Business Mailing Address							
1729 N. POWERLINE ROAD POMPANO BEACH FL 33069 1729 N. POWERLINE ROAD POMPANO BEACH FL 33069							
į.					3. Date Incorporated or Qualified 07/12/1993	3a. Date of Last Report 05/01/1995	
2. Principal Pla	nce of Business	2a. Mailing Address 26			4. FEI Number 65-04 19749	Applied For	
Suite, Apl. #	Dt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
City & State		City & State		Election Campaign Financing	Fee Required \$5.00 May Be		
23 Zip	Country	28 Zip		ntry	Trust Fund Contribution	Added to Fees	
24	25 9. Name and Address of Current	29	30		8. This corporation has liability for it Florida Statutes Yes	₩ No	
•		Registered Agent		81 Name	10. Name and Address of New R	egi ste red Agent	
WELBORN, HUGH H 1729 N. POWERLINE RD.				82 Street Ad	ress (P.O. Box Number is Not Acceptable)		
	NO BEACH FL 33069		83				
				84 City		85 Zip Code	
11. Pursuant to	the provisions of Sections 607,0502 a	and 607.1508, Florida Statut	tes, the abo	ve-named corp	poration submits this statement for the purp	FL	
familiar with	n, and accept the obligations of, Section	n 607.0505, Florida Statutes	rea by the c s.	orporation's b	Doration submits this statement for the purpopard of directors. I hereby accept the appo	intment as registered agent. I am	
SIGNATURE S	Signature, typed or printed name of registered agent ar	TT 0.44		Agent signature requ	ured when reinstating)	DATE	
TITLE	VPST			ſLE T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition		
NAME Street address	WELBORN, HUGH H 561 N. PINE ISLAND RD.		1.2 NAME			T	
CITY-ST-ZIP	PLANTATION FL	PI ANTATION FI		HEET ADDRESS			
TITLE NAME	DELETE		- 1	2.1 Title			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP TITLE	DELETE		2.4 CITY-ST-ZIP 3.1 TITLE			Change C Addition	
NAME			32 NA			Change Addition	
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS	وسراسان والمار والمار والمار والمار والمار والمار والمار		
TITLE	DELETE		4.17	TLE		22n 65 hange Addition	
NAME STREET ADDRESS			4.2 NA 4.3 ST	ME REET ADDRESS	***200.00	,	
CITY+ST-ZIP TITLE		F) DELLI	4.4 CI	Y-ST-ZIP			
NAME		☐ DEFE1€	5. 1 TI 5.2 NA			Change Addition	
STREET ADDRESS				REE1 ADDRESS			
CITY-ST-ZIP TITLE		DELFTE	5 4 CIT	Y-ST-ZIP LE		Change Addition	
NAME STREET ADDRESS			6 2 NA				
CITY - ST - ZIP			6 ¢ CII	Y-ST-ZIP	<u> </u>		
14. I do hereby certify that to	certify that the information supplied with the information indicated on this annual	h this filing is voluntarily furn report or supplemental anni	ished and d	loes not qualify	for the exemption stated in Section 119.0 rate and that my signature shall have the s	7(3)(k), Florida Statutes, I further ame legal effect as if made under	
oath, that I am an officer or director of the corporation for 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 3 if changed, or on all attachment with appears.							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SHOTING OFFICER OR DIRECTOR							
	Side in the state of the	OF SHOUND OFFICE	OR DIRECTI	m	■ Date	Daytime Phone #	