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

PROFIT CORPORATION **ANNUAL REPORT**

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000054076 (3)

CONTEMPORARY CARPENTRY, INC.

Principal Place of Business

Mailing Address

7811 S. ORANGE BLOSSOM TRAIL. SUITE 369

7611 S. ORANGE BLOSSOM TRAIL, SUITE 369

FILED May 27 1998 8:00am Secretary of State



ORLANDO FL 32809 ORLANDO FL 32909 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1993 2. Principal Place of Busines 2a. Mailing Address FEI Number Applied For 59-3196726 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6, Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 25 Same X No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MCGRAW, SCOTT M 6405 \$WALLOW HILL DR. 62 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32818 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when re-instating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 1171.6 MCGRAW, SCOTT M 1.2 NAME NAME **8405 SWALLOW HILL DR** STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32818 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 City - St - ZiP CITY-ST-ZIP DELETE Change Addition 3.1 THILE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-51-7IP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTy - \$1 - 2IP DELETE Change Addition TITLE 6.1 THLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes if further certify that the information indicated on this annual report or suppliemental 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 comparation of the deceived a true of the control of the contro