

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000085874 (4)

1. Corporation Name

COMMERCIAL DOOR, INC.



Principal Place of Business

2180 N.W. 85TH AVE.
SUNRISE FL 33322
US

Mailing Address

2180 N.W. 85TH AVE.
SUNRISE FL 33322
US

3. Date Incorporated or Qualified
12/07/1993

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 4500 N. HIATUS RD.

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 218

27

City & State

City & State

23 SUNRISE FL

28

Zip

Zip

24 33351

Country

Country

25 US

29

9. Name and Address of Current Registered Agent

4. FEI Number
65-0450695

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

MOLICA, KIM T
2424 NORTH FEDERAL HIGHWAY
#310
BOCA RATON FL 33431

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 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and date of appointment

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BEHRENS, SCOTT
STREET ADDRESS 2180 N.W. 85TH AVE.
CITY-ST-ZIP SUNRISE FL

TITLE ☒ ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME BEHRENS, SCOTT
1.3 STREET ADDRESS 4500 N. HIATUS RD. #218
1.4 CITY-ST-ZIP SUNRISE, FL 33351

2.1 TITLE VICE-PRESIDENT ☐ Change ☒ Addition
2.2 NAME BEHRENS, DARBA
2.3 STREET ADDRESS 4500 N. HIATUS RD #218
2.4 CITY-ST-ZIP SUNRISE, FL 33351

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for 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 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, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-96

305-746-6818

CR2E034 (12/95)