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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 06 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400000958 (6)

WASKO FRAMING INC.

Principal Prace of Business 320 JUNG BLYD GOLDEN GOTE FL 33964 US		Mailing Address 320 JUNG BLVD GOLDEN GOTE FL 34120-2367 US		ı tanınabi ista fattı dibir anısı nasısı danı	1 10 1 10 1 10 1 1 1 1 1 1 1 1 1 1 1 1	
				·.*		
				3. Date Incorporated or Qualified 01/05/1994	3a. Date of Last Report 03/28/1996	
2. Principal P	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0452707	Applied For Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e les, fL	City & State 28 Naples, FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 341	Country 2 O 25	29 34190 3	Country	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No	
	9. Name and Address of Curre			10. Name and Address of New Re	glatered Agent	
WAS	SKO, JEFFREY		81 Nam	е		
320 JUNG BLVD GOLDEN GOTE FL 33964			82 Stree	t Address (P.O. Box Number is Not Acceptab	No.)	
			02 Siles	a Address (F.O. Box Northber is Not Acceptate	n⊕)	
			83			
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508. Florida Statutes	the above-name	d corporation submits this statement for the p	surpose of changing its registered	
office or r agent 1 a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was aut jations of, Section 607.0505, Flori	thorized by the co da Statutes.	prporation's board of directors. I hereby accept	ot the appointment as registered	
SIGNATURE						
12.	Signature, type di or printed name of registered ag	jent and title if applicable (NOTE: I ND DIRECTORS	Registered Agent signat	re required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE PERS AND DIRECTORS IN 12	
11116	P	DELETE	1.1 TITLE	Abbilions/orialises to of the	Change Addition	
NAME	WASKO, JEFFREY		1.2 NAME	ļ.	•	
STREET ADDRESS	320 JUNG BLVD		1.3 STREET ADDRESS			
CITY - ST - ZIP	GOLDEN GATE FL		1.4 CiTY+ST-ZIP	Naples, Florida 30	1190	
TITLE	VP	☐ DELETE	21 TITLE		Change Addition	
NAME	VORTHERMS, JOHN	-44	22 NAME	act with Mis Mis		
STREET ADDRESS	5351 HEMINGWAY LANE W.	510	23 STREET ADDRESS	256 14th Ave n.w.		
CHTY-ST-ZIP	NAPLES FL 33999	DELETE	2.4 CITY-ST-ZIP	1100162 7 100, 9 8 3AI	Change Addition	
TITLE NAME		occelt	3.2 NAME		Em printige Em Addition	
STREET ADDRESS			3.3 STREET ADDRES			
CITY-ST-ZIP			3.4. CiTY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRES	s		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		100	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRES	S		
CITY-S1-ZIP	A1414	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
NAME		FT petric	6.2 NAME		time complete time statement	
STREET ADDRESS			6.3 STREET ADDRES	 		
1 Secretarian Secretarian	1			1		

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 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.