CR2E034 (5/99)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

P94000013639

DOOR SYSTEM, INC.

Mailing Address

Principal Place of Business 20000 CUCADI CAE I ANE

20020 CUCADI DAE LANE

FILED

00 JUL -3 PM 1:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA



IOCA RATON FL 33428	BOCA RATON FL 33428			RFINSTATEM	NT IS SPACE
				3. Date Incorporated or Qualified	
				02/16/1994	
Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied Fo
	26			65-0466725	Not Applic
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Addition
	27			J. Commodic of Challes Don't	Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
	28			Trust Fund Contribution	Added to Fees
Zip Country	Zip	Coun	try	8. This corporation owes the curre	ent year Yes No
25	29	[30]		Intangible Personal Property. 10. Name and Address of New R	
9, Name and Address of Cu	rrent Registered Agent		31 Name	10. Name and Address of New N	registered Agent
RANDALL, CHARLES P]`			
1600 SO DIXIE HWY STE 5AB		[8	32 Street Add	fress (P.O. Box Number is Not Accepta	able)
#150		l,	33		**
BOCA RATON FL 33487		1	23		
BOOK NATOR PE 33401		ļī	84 City		FL 85 Zip Code
			_L		
Pursuant to the provisions of sections 607. office or registered agent, or both in the S.	.0502 and 607.1508, Florida Statut State of Flo rida, S uch change was	es, the abor	ve-named corporat	oration submits this statement for the pu tion's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
office or registered agent, or both, in the S agent. I am amiliar with, and accept the	bligations of, section 607.0505, FI	orida Statu	tes.		/- /
IGNATURE	<i>__</i>	USCO	ES Y	ENDALL (01	70/00
Signature, typed or printed name of registeres			d Agent signature re-	ADDITIONS/CHANGES TO OF	DATE DIPECTORS IN 1
	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	
•	L DELETE	1.1 TITL			Change Ad
NOVY, BLAIR	<u></u> DELETE	1.2 NAM	IE		Change Adi
NOVY, BLAIR 20829 SUGARLOAF LN	L_) DELETE	1.2 NAM 1.3 STR	EET ADDRESS		L_J Change LJ Ad
NOVY, BLAIR 20829 SUGARLOAF LN BOCA RATON FL 33428		1.2 NAM 1.3 STR 1.4 CITY	EET ADDRESS /		
NOVY, BLAIR 20829 SUGARLOAF LN BOCA RATON FL 33428	☐ DELETE	1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL	EET ADDRESS 4-ST-ZIP	10000	Ad
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NOVY, BLAIR 20829 SUGARLOAF LN BOCA RATON FL 33428		1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITE 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITE	EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E-ST-ZIP E	U <i>t</i> Z	3324351 <u>A</u>
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NOVY, BLAIR 20829 SUGARLOAF LN BOCA RATON FL 33428	☐ DELETE	1.2 NAW 1.3 STRI 1.4 CITY 2.1 TIYL 2.2 NAW 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAW 3.3 STRI	EET ADDRESS 'AST-ZIP E EET ADDRESS	U <i>t</i> Z	332 135
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NOVY, BLAIR 20829 SUGARLOAF LN BOCA RATON FL 33428 LE	☐ DELETE	1.2 NAW 1.3 STRI 1.4 CITY 2.1 TITE 2.2 NAW 2.3 STRI 2.4 CITY 3.1 TITE 3.2 NAW 3.3 STRI 3.4 CITY 4.1 TITE	EET ADDRESS AST-ZIP EET ADDRESS AST-ZIP EET ADDRESS AST-ZIP EET ADDRESS AST-ZIP EET ADDRESS	U <i>t</i> Z	332 135
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