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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000016294 (8)

ALLEN BREEDING CARPENTRY, INC.

4881 SW 44 AVE FT LAUDERDALE I	FL 33314		i n. féderal hwy. Nia fl 33004-2803				3. Date Incorporated or Qualified 3e. Date of Last Report 02/25/1994 04/26/1996		
2. Principal Place of Business			2a. Mailing Address			<del></del>	4. FEI Number Applied For		
21   Suite Apt. # etc.		26	26 Suite, Apt #, etc.				AR A PARAMA	Not Applicable 88.75 Additional Fee Required	
		27					5. Certificate of Status Desired \$8.75 Ad		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Ζφ <b>24</b>	Country 25	29	Zφ	30	untry		8. This corporation has liability for intangible tax under s. 199.03 Florida Statutes Yes No	2,	
	9. Name and Address of Cu	rrent Regis	lered Agent				10. Name and Address of New Registered Agent		
DANIA  11. Pursuant to office or reg agent. Lam SIGNATURE	FEDERAL HWY FL 33004 The provisions of Sections 607 istered agent, or both, in the 5 familiar with, and accept the consider speed or protect manual progesters					City e-named corp the corpora	reporation submits this statement for the purpose of changing its registeration's board of directors. I hereby accept the appointment as register	ed bed	
12.		AND DIREC		13.	a Age	int signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
	VST	CAND DIGIL	DELETE	1,1 7	ITLE	· · · · · · · · · · · · · · · · · · ·	Change Ad		
	REEDING, ALLEN				AME				
SHULLI MADALOO   1	881 SW 44 AVE			1.3 S	THEET	ADDRESS			
CITY-ST-ZIF	T LAUDERDALE FL 33314			1.4 0	ITY-S	1 - ZIP			
TITLE		DELETE 2.11		ITLE		☐ Change ☐ Ade	lition		
	REEDING, ALLEN			2.2 N	MA				
Committee and interest of the committee of	881 SW 44 AVE			2.3 \$	TREET	ADDRESS			
CITY-ST-ZiP F	T LAUDERDALE FL 33314			2 41	OTY-S	ST-ZIP			
TITLE			☐ DELETE	3.1 T	ITLE		Change Ado	ition	

14. 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 Black 13 of changed of this nanadomical statutes.

3.2 NAME

41 TITLE

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

62 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

DELETE

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3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

STREET ADDRESS

STREET ADORESS [CITY-ST-ZIP]

STREET ADDRESS

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NATURE AND TYPED OR PRINTED HIPE OF SIGNING OFFICER OR DIRECTO

29/97 (959)929-5/62 Oliffon Proce 8 0111815

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**FILED** 

May 02 1997 8:00am

Secretary of State