SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 AM 11:35

DOCUMENT # P94000038834 (5)

1. Corporation Name

N & N CUSTOM TRIM, INC.

Principal Place of Business	Mailing Address
2916 SW 22 CIRCLE APT B-1 DELRAY BEACH FL 33445	2916 SW 22 CIRCLE APT B-1 DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1994
3a. Date of Last Report:

21 2. Principal Place of Business	26 2a. Mailing Address: 2222 Spanish Tr.	4. FEI Number: 650488371	Applied For / Not Applicable
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc: Apt #4	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State: Delray Beach Fla	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip: 33483 / 30 Country: Palm Beach	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NIKANDER, ROBERT J 2916 SW 22 CIRCLE APT B-1 DELRAY BEACH FL 33445	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: Robert J Nikander — Robert J Nikander — 4-10-95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIKANDER, ROBERT J 2916 SW 22 CIRCLE APT B-1 DELRAY BEACH FL 33445	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P Nikander Robert J 2222 Spanish Tr #4 Delray Beach Fl 33483	☒ Change ☐ Addition (Sole Owner)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIKANDER, RANDALL A 2916 SW 22 CIRCLE APT B-1 DELRAY BEACH FL 33445	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	NO longer Part owner	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

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: Robert J Nikander — 4-10-95 — 407-289-9711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004721 CP