

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000038834**

1. Corporation Name

**N & N CUSTOM TRIM, INC.**

Principal Place of Business

9 NW 17TH ST  
DELRAY BEACH FL 33444  
US

Mailing Address

9 NW 17TH ST  
DELRAY BEACH FL 33444  
US

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**22**

**27**

City & State

**23**

**28**

Zip Country

**24**

**29**

Zip Country

**30**

9. Name and Address of Current 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

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 12	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIKANDER, ROBERT J</b>	1.1 TITLE	
STREET ADDRESS	<b>2222 SPANISH TR</b>	1.2 NAME	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.1 TITLE	
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Robert J. Nikander* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0348796

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90015 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/19/1994**

4. FEI Number

**65-0488371**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional

Fee Required

6. Election Campaign Financing

**\$5.00** May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes  No

10. Name and Address of New Registered Agent

CR2E034 (11/98)

3-29-99 1-561-279-9744

Date

Daytime Phone #