FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

SIGNATURE:

DIVISION OF CORPORATIONS

DOCUM 1. Corporation N	ENT # P940 (ustom carpentry, II	00050951 (0 NC.	0)			
Principal Place of Business 2466 S. W. 42ND TERRACE FT. LAUDERDALE FL 33317		Mailing Address 2466 S. W. 42ND TERRACE FT. LAUDERDALE FL 33317				
				 Date Incorporated or Qualified 07/05/1994 	3a. Date of Last Re 05/01/199	
2. Principal Place	e of Business	2a. Mailing Address		4. FET Number 65-0507230	⊢	pplied For lot Applicable
Suite, Apt. #,	etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
23]		28	Country	Trust Fund Contribution 8. This corporation has liability for i		to Fees
Ζιρ 24]	Country 25	Zip [29]	Country 30	Florida Statutes 🔀 Yes	□No	100.032.,
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
	1, KEVIN N. 42ND TERRACE DERDALE FL 33317		82 Street Add	ress (P.O. Đòx Number is Not Acceptati		
			84 City		FL I I	Code
tamiliar with	i, and accept the obligations of S	SCHOIT 007.0000, Florida Otatol	rized by the corporation's 608 es. INDIE: Registered April a greature requirement in 13.	ration submits this statement for the purific of directors. I horeby accept the application for the purific the application of the purific that the purific tha	DATE	
TITLE	PD	DELETE	1.1 TITLE		☐ Charge	Addition
NAME STREET AUDRESS	HELGOTH, KEVIN 2466 S. W. 42ND TERRAI	DE .	1.3 STREET ADDRESS			RS IN 12 Addition
CITY - ST - ZIP	FT. LAUDERDALE FL 333	17	14 C(TY - ST - 7)P 2 1 TITLE		Change	Addition
NAME STREET ADDRESS	STD HELGOTH, LISA 2466 S. W. 42ND TERRAI	CE	2.2 NAME 2.3 STREET ADDRESS			
Cily-SI-7P	FT. LAUDERDALE FL 333	17 □ DELETE	2.4 CHY-SL ZIP		☐ Change	Addition
THLE NAME STHELL ADDRESS			3.2 NAME 3.3 STREEF ADDRESS			
CHY-SI-ZIC TOLE NAME		DELETE	3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME		☐ Change	Addition
STREE* ADDRESS ONY-ST ZIP THEE		DELETE	4.3 STREET ADDRESS 4.4 CHY+S*-7P 5.1 THE		☐ Criange	Addition
NAME STREET ADDRESS CRY+S1-7IP			5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP			
TITLE NAME STREET ADDRESS		☐ DELETE	6 1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST- 7IP		Change	Addition
certify that	y certify that the information supp the information indicated on ths I am an officer or director of the c Block 12 or Block 13 if changed	annual report of supplemental a forcoration of the receiver of true	furnished and does not qualify annual report is true and accu- istee empowered to execute t	for the exemption stated in Section 11s rate and that my signature shall have th his report as required by Chapter 607, I	9.07(3)(k). Florida State e same legal effect as lorida Statutes; and th	ites. I further if made under nat my name

SIGNING OFFICER OR DIRECTOR

MINIOLE

Daytime Phone #