## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400054639 (7)

LEO PAUZE FRAMING, INC.

Pr	inci	pal	Ы	ace	of	Bus	iness

Mailing Address

## FILED Sep 19 1997 8:00am Secretary of State



2. Principal Place of Business	\$88 F S S S S S S S S S S S S S S S S S S	Last Re 1996 App Not State of the state of t	olled For Applicable dditional quired May Be Fees Ingible No  ode registered egistered
2. Mailing Address   2a. Mailing Address   2a. Mailing Address   2a. Mailing Address   2a. Mot AppLiCABLE    Sulfe, Apt. #, etc.   S	\$8 FF AA reent yellow AA gent B5 Channol Color Channol Color Channol Color Channol Cha	App Not Not St. 75 Ac Fee Req St. 00 A Added to Year Intains I	Applicable dditional quired May Be press ngible No  ode registered egistered
Sulte, Apt. #, etc.  27  City & State  City	\$ \$ \$ A A Prent you Yes A Agent	3.75 Ac Fee Req 5.00 A Added to year Inter s  Zip Co ging its ont as re	dditional quired May Be press Ingible No  ode registered egistered
City & State	\$ \$ \$ A A Prent you Yes A Agent	Fee Req  5.00 A Added to Year Intains  I  Zip Co Inging its room as re	ode registered egistered S IN 12
City & State  28  City & State  29  Country  Zip  Country  25  29  30  Country  30  S. This corporation owes or has paid the cure Personal Property Tax due June 30.  9. Name and Address of Current Registered Agent  MCCOLLUM, JAMES F  129 SOUTH COMMERCE AVENUE  SEBRING FL 33870  81  Name  82  Street Address (P.O. Box Number is Not Acceptable)  83  84  City  FL  11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of 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 apprayers the maintenance of the originations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. In this paper or printed name of togs derived appear and title of agenciatio.  15. NOTE Registered Agent appears required when remaining.  16. Election Campaign Financing Trust Fund Contribution  17. Name  18. Name  19. N	Agent  85 change ointmo	Added to rear Interes   Zip Conging its soon as re	ode registered egistered
Zip Country Zip Country Zip Country Zip Country Zip Sol Name and Address of Current Registered Agent Personal Property Tax due June 30. In Section 20. In Name and Address of Current Registered Agent In Name and Address of New Registered Agent In Name In Name and Address of New Registered Agent In Name In In Name In Name In Name In In Name In	Agent  85 change ointmo	Added to rear Interes   Zip Conging its soon as re	ode registered egistered
Personal Property Tax due June 30.  8. Name and Address of Current Registered Agent  MCCOLUM, JAMES F 129 SOUTH COMMERCE AVENUE SEBRING FL 33870  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83    84 City   FL  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride Statutes, the above-named corporation submits this statement for the purpose or agent. I am familiar with, and accept the body agent. I am familiar with, and accept the object of agent. I am familiar with, and accept the object of printed and effect of agent and title (approach to 607.0505, Florida Statutes)  FL  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose or agent. I am familiar with, and accept the object of agent. I am familiar with, and accept the object of agent. I am familiar with, and accept the object of printed and effect of agent and title (approach to 607.0505, Florida Statutes)  FL  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY-ST-2IP  15. SEBRING FL 33872  16. CITY-ST-2IP  17. SEBRING FL 33872  18. DILETE  19. DILETE  19. SEBRING FL 33872  10. DILETE  21. TITLE  22. PURME  23. SIRRET ADDRESS  CITY-ST-2IP  17. CITY-ST-2IP  18. STREET ADDRESS  CI	Res Changointmo	Zip Co	ode registered egistered
Name and Address of Current Registered Agent   10. Name and Address of New Registered	85 changointmo	Zip Conging its sont as re	ode registered egistered
MCCOLUM, JAMES F 129 SOUTH COMMERCE AVENUE SEBRING FL 33870  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City FL  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose or 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 approach in am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose or 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 approach is agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose or office or registered Agent signature required when reinstaling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY - ST - ZIP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS/CHANGES	65 changointmo	Zip Conging its sont as re	registered egistered
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 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 approach agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, hybed or printed name of registered agent and title of appricable. (NOTE Registered Agent signature required when reinstating) DATE.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE DAWAE. 12. NAME  STREET ADDRESS  CITY-ST-ZIP SEBRING FL 33872 14. CITY-ST-ZIP  TITLE NAME    DELETE   1.1 TITLE   2.2 NAME  STREET ADDRESS   2.4 CITY-ST-ZIP   2.2 NAME  STREET ADDRESS   2.4 CITY-ST-ZIP   3.5 TITLE   3.5 T	chang ointmo	nging its iont as re	registered egistered
SEBRING FL 33870    B3	chang ointmo	nging its iont as re	registered egistered
B3   B4   City   FL	chang ointmo	nging its iont as re	registered egistered
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 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 appearance of registered agent and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typod or printed name of registered agent and title if appricable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TITLE  NAME  PAUZE, LEO E  1;2 NAME  1;2 NAME  1;3 STREET ADDRESS  CHY-ST-ZIP  TITLE  DELETE  2;1 TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  OFFICERS AND DIRECTORS  2;3 STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  3;2 NAME  3;3 STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  3;4 CHY-ST-ZIP  3;4 CHY-ST-ZIP  3;5 TREET ADDRESS  CHY-ST-ZIP  3;4 CHY-ST-ZIP  3;5 TREET ADDRESS  CHY-ST-ZIP  3;5 TREET ADDRESS  CHY-ST-ZIP  3;6 CHY-ST-ZIP  3;7 TREET ADDRESS  CHY-ST-ZIP  3;8 CHY-ST-ZIP  3;9 CHY-ST-ZIP	chang ointmo	nging its iont as re	registered egistered
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 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 appearance of registered agent and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typod or printed name of registered agent and title if appricable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TITLE  NAME  PAUZE, LEO E  1;2 NAME  1;2 NAME  1;3 STREET ADDRESS  CHY-ST-ZIP  TITLE  DELETE  2;1 TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  OFFICERS AND DIRECTORS  2;3 STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  3;2 NAME  3;3 STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  3;4 CHY-ST-ZIP  3;4 CHY-ST-ZIP  3;5 TREET ADDRESS  CHY-ST-ZIP  3;4 CHY-ST-ZIP  3;5 TREET ADDRESS  CHY-ST-ZIP  3;5 TREET ADDRESS  CHY-ST-ZIP  3;6 CHY-ST-ZIP  3;7 TREET ADDRESS  CHY-ST-ZIP  3;8 CHY-ST-ZIP  3;9 CHY-ST-ZIP	chang ointmo	nging its iont as re	registered egistered
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 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 applications 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 reinstaling). DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TITLE  NAME  PAUZE, LEO E  1,2 NAME  1,3 STREET ADDRESS  CITY-ST-ZIP  SEBRING FL 33872  1,4 CITY-ST-ZIP  TITLE  NAME  2,2 NAME  2,3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  3,3 STREET ADDRESS  CITY-ST-ZIP  3,4 CITY-ST-ZIP  TITLE  NAME  3,5 NAME  3,6 CITY-ST-ZIP  3,6 CITY-ST-ZIP  3,7 TITLE  3,8 CITY-ST-ZIP  3,9 NAME	DIRE	ECTORS	3 IN 12
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  NAME PAUZE, LEO E STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DIRE	ECTORS	3 IN 12
Signature, typed or printed name of registered agent and tritle if appricable. (NOTE: Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE  NAME PAUZE, LEO E 1.2 NAME  STREET ADDRESS 1931 BAMBI CT 1.3 STREET ADDRESS CITY-ST-ZIP SEBRING FL 33872 1.4 CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE NAME  STREET ADDRESS CITY-ST-ZIP 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.3 STREET ADDRESS CITY-ST-ZIP 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP  TITLE NAME 3.5 NAME STREET ADDRESS 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP			
12. OFFICERS AND DIRECTORS  TITLE  NAME  PAUZE, LEO E  STREET ADDRESS CITY-ST-ZIP  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  3.1 TITLE  NAME  3.2 NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  3.3 STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  3.4 CITY-ST-ZIP  3.5 TREET ADDRESS CITY-ST-ZIP  3.6 CITY-ST-ZIP  3.7 TREET ADDRESS STREET ADDRESS			
TITLE  NAME  PAUZE, LEO E  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  3.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  3.4 CITY-ST-ZIP  3.4 CITY-ST-ZIP			
NAME   PAUZE, LEO E   1,2 NAME   1,2 NAME   1,3 STREET ADDRESS   1931 BAMBI CT   1,3 STREET ADDRESS   1,4 CITY-ST-ZIP	L Cr	nange	Acdition
1.3 STREET ADDRESS			
SEBRING FL 33872   1.4 CITY-ST-ZIP     DELETE   DELETE   2.1 TITLE     NAME   2.2 NAME     STREET ADDRESS   2.4 CITY-ST-ZIP     TITLE   DELETE   3.1 TITLE     NAME   3.2 NAME     STREET ADDRESS   3.3 STREET ADDRESS     CITY-ST-ZIP   3.4 CITY-ST-ZIP     STREET ADDRESS   3.4 CITY-ST-ZIP     STREET ADDRESS   3.4 CITY-ST-ZIP			
TITLE         DELETE         2.1 TITLE           NAME         2.2 NAME           STREET ADDRESS         2.3 STREET ADDRESS           CITY-ST-ZIP         2.4 CITY-ST-ZIP           TITLE         3.1 TITLE           NAME         3.2 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP			
STREET ADDRESS         2.3 STREET ADDRESS           CHY-ST-ZIP         2.4 CHY-ST-ZIP           TITLE         3.1 TITLE           NAME         3.2 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CHY-ST-ZIP         3.4 CHY-ST-ZIP	Ch	hange	Addition
CITY-ST-ZIP         2.4 CITY-ST-ZIP           TITLE         JOELETE         3.1 TITLE           NAME         3.2 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP			
TITLE         OELETE         3.1 TITLE           NAME         3.2 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4. CITY-ST-ZIP			
NAME         3.2 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP			
STREET ADDRESS  CITY-ST-ZIP  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP	☐ Ch	hange	Addition
CITY-ST-ZIP 3.4. CITY-ST-ZIP			
TITLE DELETE 4.1 TITLE	☐ Ch	hange	Addition
NAME 4.2 NAME			
STREET ADDRESS 4.3 STREET ADDRESS			
CITY-ST-ZIP         44 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE	TT 04	banga	Addition
NAME 52 NAME	L 61	hange	Addition
STREET ADDRESS 53 STREET ADDRESS			
and the same of th			
###	Ch	hange	Addition
NAME 62 NAME			
STREET ADDRESS 6.3 STREET ADDRESS			
CITY-ST-ZIP 6.4 CITY-ST-ZIP			

4. 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 trustice 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.