PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000003685**1. Corporation Name

RS CARPENTRY, INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90045 023 ***150.00



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Principal Place of Business Mailing Address						
2424 N.E. 25TH PL. 2424 N.E. 25TH PL. FT. LAUDERDALE FL 33305 FT. LAUDERDALE FL 33305					DO NOT WRITE IN THE SPACE	
}					1	DO NOT WRITE IN THIS SPACE
		•				3. Date Incorporated or Qualifed 01/12/1995
2. Principal Place of Business 2a. Mailing Address					.,,	4. FEI Number Applied For
21	•	26				65-0552894 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired
City & State	A	City & State				e Flection Compaign Financing \$5.00 May Re
23	_	28				Trust Fund Contribution Added to Fees
Zip Country		Zip	<u> </u>			8. This corporation owes the current year Intangible
24	25	29 30	7			Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
			8	1	Name	
	omridge, robert		8	82 Street Address (P.O. Box Number is Not Acceptable)		
2424 N.E. 25TH PL.				GZ Street		
FT. LAUDERDALE FL 33305			8	3		
			8	4 (City	FL 85 Zip Code
44 Pursuant	to the provisions of Sections 607 05	02 and 607 1508 Florida Statutes.	the abo	ve-n	amed corpor	ration submits this statement for the purpose of changing its registered
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 age	oot and title if applicable (NOTE: Re	nistered An	nent sic	gnature required w	when reinstating) DATE
12.		ND DIRECTORS	13.	,	.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			· Change Addition
NAME	SELDOMRIDGE, ROBERT		1.2 NAME	E	-	
STREET ADDRESS	2424 N.E. 25TH PL.		1.3 STRE	ETAD	DORESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305		1.4 CITY-		1	•
TITLE	11. 2100010.12112 12 00000	☐ DELETE	2.1 TITLE		-	☐ Change ☐ Addition
, NAME			2.2 NAME			
STREET ADDRESS			2.3 STRE	ETAD	OORESS	
CITY-ST-ZIP				-ST-Z		•
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	. 321		3.2 NAME]	
STREET ADDRESS	1		3.3 STRE		DORESS	
CITY-ST-ZIP	•		3.4. CITY			
TITLE :		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM	ΙE	1	
STREET ADDRESS	,	* .	4.3 STRE		DRESS !	
			4.4 CfTY-			
TITLE	······································	☐ DELETE	5.1 TITLE		-	Change Addition
NAME			5.2 NAME			•
STREET ADDRESS			5.3 STRE	ET AD	DORESS	
CITY-ST-ZIP			5.4 CfTY	-ST-Zi	iP	
TITLE		DELETE 6.11		=	$\neg \uparrow \neg$	☐ Change ☐ Addition
NAME			6.2 NAM	£	1	
STREET ADDRESS			6.3 STRE	EET AD	DDRESS	
		_	6.4 CITY			
CITY-ST-ZIP						140 07/01/2 Clarida Charleton I foully a portify that the information

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 informatio indicated on this annual report or supplemental annual report is the 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 o

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPFICER OF CIRECTOR

<u> 3-30-99</u>

Daytime Phone #

CR2E034 (11/98)

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