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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000025155 (9) DOCUMENT # 1. Corporation Name

CENTRAL FLORIDA ARCHITECTURAL SUPPLIES, INC.



Principal Place	of Business	Mating Address		1 (00)560t at 6 (6/6) 6/315 60111 66/10 86/11 66/15 8/161 8/161 6/161 6/161 8/161 6/161
272 APOLLO BEACH BLVD. 272 APOLLO APOLLO BEACH FL 33572 APOLLO BEA				
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/29/1995
2. Principal Place of Business		2a. Maing Address		4. FEI Number Applied For
21		26		59-3307021 Not Applicable
Suite Apt. #, etc		Suite, Apt #, etc		5. Certificate of Status Desired Fee Required Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Gountr.	8. This corporation has liability for intang-ble tax under s 199.032, Florida Statutes 7 Yes □ No
24	25 9. Name and Address of Cu	rrent Registered Agent	[30]	Florida Statutes
	9, Name and Address of Ca	Helit Hegistered Agent	81 Name	
AMERIL	AWYER		Chant Add	Judy D. Fisher
343 ALMERIA AVE.			82 Street Addr	ress (P.O. Box Number is Not Acceptable). Blvd Unit 2
	GABLES FL 33134		83	
			84 City ()	-11 - 1 - 85 Zip Code
			1° 1 ° " A	pollo beach FL 33572
11. Pursuant	to the provisions of Sections 607.0)502 and 607,1508. Florida Stati Etorida: Such channe was author	utes, the above named corpo-	ration submits this statement for the purpose of changing its registered office ird of clirectors. Thereby accept the appointment as registered agent. Fam
familiar wi	ith, and accept the obligations of, S	Section 607.0505, Horida Statut	es. 🔷 _	
SIGNATURE	Judy D. FIShe Skillature by A or printed name of in grovening		Little fingle tozen Allen sagnatural in prote	J. John 4124196
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1 1 Tilluf	Change Addition
NAME	FISHER, BRUCE E		1.2 NAME	
STREET ADDRESS	272 APOLLO BEACH BLV		1.3 STREET ADDRESS	
CITY-ST ZIP	APOLLO BEACH FL 3357		1.4 C(FY - ST - 2)F	
TOLE		☐ DELETE	2 1 TITLE	Cnange Addition
NAME			2 2 NAME	
STREET ADORESS			2.3 STREET ADDRESS 2.4 CITY ST-ZIP	
CITY-ST-ZIF TITLE		□ DELETE	3 1 TIFLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 SIRE LADDRESS	
CiTY+ST+ZIP			3.4 CITY - ST - 7/P	
TITLE		☐ DELETE	4 1 TITLE	Change Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STRE TIADORESS	
CITY-ST-ZIP		DELETE	4.4 C(1)1 S(-Z(P) 5.1 T(1)1	Change Addition
TIFLE NAME		<i></i>	5 2 NAME	C Storing C Made C
STREET ADDRESS			5.3 STRE T ADDRESS	
CITY-ST-ZIP			5.4.0(TY ST-2(P	
TITLE		DELETE	6.1 1/10	Change Addition
NAME			6.2 NAM:	
STREET ADDRESS			6 3 STRE T ADDRESS	
C:TY-ST ZIP		SAN-2	64 CITY ST ZIP	

14. I do hereby certify that the information supplies with this fling 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 suppliemental annual report is I use and accurate and that my, signature shall have the same legal effect as if made under early that I am an officer or director of the corporation or the receiver or trusted empoweren to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 13.17 hanger, or on an attachment with an address

SIGNATURE:

GIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR | 4 124 94 (813) 641-9663