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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P95000045364 (3)

TL CUSTOM WOODWORK DESIGNS, INC.

Principal Place of Business Mailing Address				C INDICATE FIND IDIDI DIVIN ADDIT DOVIN BONI DENN BLODE DISAB TRITO BILLI DISA 1		
114 8W 2ND	AVE	114 SW 2ND AVE			1	
#5 Dania Fl 33004		#5 Dania FL 33004		DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualified		
		**			06/06/1995	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
n		26	26		65-0593274	Not Applicable
Suite, Apt. #, etc.		Suite Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country		7112	Zip Country		Trust Fund Contribution	Added to Fees
24	25	29]	30	nt y	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	Current year Intangible  Ses No
24]	9. Name and Address of Curre		]30]		10. Name and Address of New Register	
Kil	ROUAC, THOMAS P			81 Name		<del></del>
	941 N. 31ST RD.				ress (P.O. Box Number is Not Acceptable)	
	DLLYWOOD FL 33021			82 Street Add	ress (F.O. Box number is not Acceptable)	
.,,			ļ	63		
			}	84 City		- 85 Zip Code
						▝▙▕▕▕
agent. I a SIGNATURE	im familiar with, and accept the oblig Signature, typed or printed name of registered as				poration submits this statement for the purposition's board of directors. I hereby accept the lired when reinstating)	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	U TIPOLILO TILOLILO D	☐ DELETE				Change Addition
NAME	KIROUAC, THOMAS P 941 N. 31ST RD.		1.2 NA			
STREET ADDRESS	HOLLYWOOD FL 33021		•	REET ADDRESS		
CITY-ST-ZIP TITLE	nottinoop et 33021	DELETE		Y-ST-ZIP		Change Addition
NAME			2.2 NA			C Change C Machiery
STREET ADDRESS	941 N. 31ST RD.			REET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		I	ry-ST-ZIP	·	
TALE	1,000,000	DELETE				Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP			3.4. CI	ry - ST - ZiP		
TITLE		DELETE	4.1 T(T	LE		Change Addition
NAME			4. 2 NA	ME		!
STREET ADDRESS			4.3 STF	REET ADDRESS		
CITY-ST-ZIP				Y - ST - ZIP		
TITLE		☐ DELETE	5.1 7(1			Change Addition
NAME			5.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		- NUTTE		Y-ST-ZIP		Chance Addition
TITLE		☐ DELETE	6.1 TITI	1		Change Addition
NAME	,		6.2 NA	ur I		

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 informatic indicated on this annual report or supplientental 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.

6.3 STREET ADDRESS

STREET ADDRESS

ululas lacerona icu

**FILED** 

Apr 24 1998 8:00am

Secretary of State