

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060885 (7)

1. Corporation Name

L C STRAUSS CUSTOM TRIM INSTALLATION, INC.



Principal Place of Business

191 SW SEA LION RD
PORT ST LUCIE FL 34953

Mailing Address

191 SW SEA LION RD
PORT ST LUCIE FL 34953

3. Date Incorporated or Qualified

08/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1582 SW Aledo Ln

26 1582 SW Aledo Ln

4. FEI Number

65-0593923

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

STROUSE, DWAYNE L
191 SW SEA LION RD
PORT ST LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name Strouse, Dwayne L

82 Street Address (P.O. Box Number is Not Acceptable)
1582 SW Aledo Ln

83

84 City Port St Lucie

FL

85 Zip Code 34953

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 agent and their approval

(If the Registered Agent Signature is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME STROUSE, DWAYNE L
STREET ADDRESS 191 SW SEA LION RD
CITY - ST - ZIP PORT ST LUCIE FL 34953

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

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CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE D
2 NAME Strouse, Dwayne L.
3 STREET ADDRESS 1582 SW Aledo Ln
4 CITY - ST - ZIP Port St Lucie, FL 34953

Change Addition

2 1 TITLE D
2 NAME Strouse, Carl
3 STREET ADDRESS 191 SW Sea Lion Rd
4 CITY - ST - ZIP Port St Lucie, FL 34953

Change Addition

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

Change Addition

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

Change Addition

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

Change Addition

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing 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 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 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

SIGNATURE: Dwayne L Strouse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-196

Date

Daytime Phone #

CR2E034 (12/95)