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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

				·
DOCUMENT	# P95	00006	5887	7 (8

## **FILED**

## Jan 14 1997 8:00am Secretary of State

TCB FRAMING, INC.  Principal Place of Business Mailing Address  838 MALTA ROAD ORLANDO FL 32828  ORLANDO FL 32828		1			
			3. Date Incorporated or Qua 08/24/1995	3a. Date of Last Report 03/21/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		59-3331882	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desir	ed \$8.75 Additional	
City & State	City & State			Fee Required	
23	28		6. Election Campaign Finance Trust Fund Contribution	cing \$5.00 May Be Added to Fees	
Zip Country	Zm	Country		lity for intangible tax under s. 199.032,	
25	29	30	Florida Statutes	Yes No	
9. Name and Address	of Current Registered Agent		10. Name and Address of N	ew Registered Agent	
HART, CLAUDE		81 Name			
\$38 MALTA ROAD		B2 Street Add	ress (P.O. Box Number is Not Ac	ceptable)	
ORLANDO FL 32828		83			
K					
		84 City		FL 85 Zip Code	
				r accept the appointment as registered	
office or registered agent or both, in agent I am familiar with, and accept SIGNATURE		Florida Statutes.  DIE Rogistered Agent signature requ		JA16/3/97	
SIGNATURE Signat ee, type it et perclea ranne sit no. OFFIC	agis ra agenta d the Pappicable (NO CERS AND DIRECTORS	DTE: Registered Agent signature requ	ired when reinstating)	DATE OFFICERS AND DIRECTORS IN 12	
SIGNATURE Signat recipies for principalities of a  12. OFFIC  TITLE DPST PRES	ogish red agent and other Papplicable (NO	11. TITLE	ired when reinstating)	DATE OFFICERS AND DIRECTORS IN 12	
SIGNATURE Signative, type for prince series of the first prince series of t	agis ra agenta d the Pappicable (NO CERS AND DIRECTORS	OTE: Hogstered Agent signature requirement in the second signature	ired when reinstating)	DATE DATE OFFICERS AND DIRECTORS IN 12	
SIGNATURE Signative, type for printing regime of the first printing regime	agis ra agenta d the Pappicable (NO CERS AND DIRECTORS	TIE: Rogistered Agent signature requirement in the signature requirement i	ired when reinstating)	DATE OFFICERS AND DIRECTORS IN 12	
SIGNATURE  12. OFFICE  TITLE DPST PRES  HART, CLAUDE  STREET ADDRESS 338 MALTA ROAD  ORLANDO FL 32828	agis ra agenta d the Pappicable (NO CERS AND DIRECTORS	TI: Rogistered Agent signature requirement in the second state of the second sec	ired when reinstating)	DATE  OFFICERS AND DIRECTORS IN 12  Change Addition	
SIGNATURE Signative, type if or procted parise of the process pari	ogies tra agradias distinif applicable (NO CERS AND DIRECTORS  DELETE	TIE: Rogistered Agent signature requirement in the signature requirement i	ired when reinstating)	DATE  OFFICERS AND DIRECTORS IN 12  Change Addition	
SIGNATURE Signat rel type if or printed parine of in  12. OFFIC  TITLE NAME STREET ADDRESS CITY-ST-2IP NAME SIGNATURE SIGNATUR	ogies tra agradias distinif applicable (NO CERS AND DIRECTORS  DELETE	T13.  11 THE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 THE	ired when reinstating)	DATE  OFFICERS AND DIRECTORS IN 12  Change Addition	
SIGNATURE Signat en, type it et printes ranne so n  12. OFFIC  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME LETTERMAN, JEWN  SIGNATURE Signat en, type it et printes ranne so n  OFFIC  DPST PLC S HART, CLAUDE 338 MALTA ROAD OFLANDO FL 32828	ogies tra agradias distinif applicable (NO CERS AND DIRECTORS  DELETE	T13.  11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	ired when reinstating)	DATE  OFFICERS AND DIRECTORS IN 12  Change Addition	
SIGNATURE  Signative, type the printed pages of a DPST PLES  NAME  STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  ORLANDO FL 32828  LETTERMAN, JEWY 725 AVWOOD DR ORLANDO FL 32825	ogies tra agraf ar dishelf applicable (NO CERS AND DIRECTORS  DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2 2 NAME 2 3 STREET ADDRESS	ired when reinstating)	DATE  DATE  OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition	
SIGNATURE  Signation, type if or printed paging of the paging of the printed paging of the paging of the printed paging of the print	ogies notagent a distribut applicable (NO CERS AND DIRECTORS   DELETE   DELETE	T13.  11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY - ST - ZIP	ired when reinstating)	DATE  DATE  OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition	
SIGNATURE  Signation, type if or printed paging strict  12. OFFIC  TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS STERRET ADDRESS STERR	ogies notagent a distribut applicable (NO CERS AND DIRECTORS   DELETE   DELETE	TIS.  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE	ired when reinstating)	DATE  DATE  OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition	
SIGNATURE  Signative, the period relate strong to the peri	Ogis real agent and short applicable (NO CERS AND DIRECTORS   DELETE   DELETE   DELETE   DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	ired when reinstating)	DATE  OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition	
SIGNATURE  12. OFFIC  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TOO JEANNETTE ST  APOPKA FL 32712	ogies notagent a distribut applicable (NO CERS AND DIRECTORS   DELETE   DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ired when reinstating)	DATE  DATE  OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition	
SIGNATURE  Signative, type for protes region of the filte.  DPST PRES HART, CLAUDE  STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME APOPKA FL 32712 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Ogis real agent and short applicable (NO CERS AND DIRECTORS   DELETE   DELETE   DELETE   DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ired when reinstating)	DATE  OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition	
SIGNATURE  Signative, type for profess requires of a COFFIC TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS STANNETTE ST APOPKA FL 32712	Ogis real agent and short applicable (NO CERS AND DIRECTORS   DELETE   DELETE   DELETE   DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ired when reinstating)	DATE  DATE  OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition	
SIGNATURE  Signative, type for period regine of a  12. OFFIR  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TOO JEANNETTE ST  APOPKA FL 32712  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TOO JEANNETTE ST  APOPKA FL 32712	Ogis real agent and short applicable (NO CERS AND DIRECTORS   DELETE   DELETE   DELETE   DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ired when reinstating)	DATE  OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition	
SIGNATURE  Signative, type for profess requires of a COFFIC TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS STANNETTE ST APOPKA FL 32712	Ogic - rui agretus di alte il applicatule (NO CERS AND DIRECTORS   DELETE   DELETE   DELETE   DELETE   DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ired when reinstating)	DATE  OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition	
SIGNATURE  Signative, type for protes remits of or  12. OFFIC  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TOO JEANNETTE ST  APOPKA FL 32712	Ogic - rui agretus di alte il applicatule (NO CERS AND DIRECTORS   DELETE   DELETE   DELETE   DELETE   DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ired when reinstating)	DATE  OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition	
SIGNATURE  Signative, type for profess requested for the profess reque	Ogic - rui agretus di alte il applicatule (NO CERS AND DIRECTORS   DELETE   DELETE   DELETE   DELETE   DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 43 STREET ADDRESS 34 CITY-ST-ZIP 51 TITLE 52 NAME	ired when reinstating)	DATE  OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition	
SIGNATURE  12. OFFICE  110. DPST PRES  NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Ogic - rui agretus di alte il applicatule (NO CERS AND DIRECTORS   DELETE   DELETE   DELETE   DELETE   DELETE	13.  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  2.1 TITLE  22 NAME  23 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS	ired when reinstating)	DATE  OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition	
SIGNATURE  12. OFFICE  ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFLETE  OFLETE	13   11   11   12   12   13   13   14   15   15   15   16   15   16   16   16	ired when reinstating)	DATE  Addition  DATE  DATE  Addition  DATE  Addition  DATE  Addition  DATE  Addition  DATE  Addition  DATE  Addition	
SIGNATURE  Signative, type that periods require strong to the periods required to the period required to the peri	OFLETE  OFLETE	13.   11 HILE	ired when reinstating)	DATE  DATE  DATE  DATE  DOFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition	

14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 an artificer or of rector 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 agriculture.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/97 568-441C