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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P95000073797 (9)

CUSTOM MODIFICATIONS, INC.

Principal Place of Business 9094 ON ATTH AVE

Mailing Address

SOSE OUR ATTU AVE

## **FILED** Jan 28 1997 8:00am Secretary of State



DAVIE FL 3331	4	DAVIE FL 33314-2805			
				3. Date Incorporated or Qualified 09/22/1995	3a. Date of Last Report 03/18/1996
	lace of Business  S SW 31 <sup>st</sup> Ave.	26 Z 503 5	11 315+AU	4. FEI Number 65-0610346	Applied For
Suite, Apt.	#, etc  broke Park, Fl Country  9 Name and Address of Curren	Suite, Apt. #, etc.	W 31 7100	5 03 00 10340	Not Applicable
22	TO THE R. P. M. LAND CO. L.	27		5. Certificate of Status Desired	Fee Required
City & State	o I a de Parte El	City & State	D - 4 E	6. Election Campaign Financing	\$5.00 May Be
<u> </u>	Country	Zip 28   PEM D 10 116	Country	Trust Fund Contribution  8. This corporation has liability for in	Added to Fees
24 3300	09 25 USA	29 33009	30 USA	Florida Statutes	Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Reg	pistered Agent
FAU	ILKNER, BRUCE 1 SW 47TH AVE		81 Name	Bruca Faulku	185
	1 SW 47111 AVE 1E FL 33314		82 Street Add	3 ruca Faultures (P.O. Box Number is Not Acceptable 3	le)
	12 12 00011		63		
			84 City		85 Zip Code
44 5		1007.4500 51.11.0	Pam	broke Park	- FL     3.5009
office or r	to the provisions of Sections 607 0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was a	es, the above-named corp uthorized by the corporal	poration submits this statement for the pition's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statutes.	5.1/4.5	197
SIGNATURE	Signature, typed or per techname of registered ager	of and title Cappicable (No/E	: Registered Agent signature requir	Gulknos 1/3 red when reinstating)	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
THE	D DELICATED DELICE	☐ DELETE	1.1 TOTLE		☐ Change ☐ Addition
NAME STREET ADDRESS	FAULKNER, BRUCE 2130 HARBOR WAY		1.2 NAME		
CITY-ST-ZIP	FT LAUDERDALE FL 33326		1.3 STREET ADDRESS 1.4 City+St-Zip		
TITLE	11 21000112712012 00020	DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		• —
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE .		☐ DELETE	3.1 TITLE	**	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITE-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAMÉ			4.2 NAME		El Chango Li 7500(ton
STREET ADDRESS			4.3 STREET ADDRESS		
C-Tr - ST- ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
E:Tr - ST - ZIP		□ prictr	5.4 CITY-ST-ZIP		AL 14.00
TiTLE		☐ DELETE	6.1 TITLE		Change
NAME STORET ADDOCKS			6.2 NAME		
STREET ADDRESS O(TY) ST-ZIP			6.3 STREET ADDRESS		
	y certify that the information supplied	with this filing does not qualify	6.4 CITY-ST-ZIP	in Section 119.07(3)(i), Florida Statutes	I further certify that the

Tam 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.

Bruce Faulkner 1/20/97