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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000083803 (3)**

1. Corporation Name

E-Z AUTOMATIC DOORS, INC.

Principal Place of Business

**12043 SULA ST.
ORLANDO FL 32837**

Mailing Address

**12043 SULA ST.
ORLANDO FL 32837**



3. Date Incorporated or Qualified

10/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUAREZ, JUAN
12043 SULA ST.
ORLANDO FL 32837**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 title at bottom.

(NOL) Registered Agent signature required when recertifying.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

**PD
SUAREZ, JUAN
12043 SULA ST.
ORLANDO FL 32837**

☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

**V
SUAREZ, NORMA L
12043 SULA ST.
ORLANDO FL 32837**

☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

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STREET ADDRESS
CITY - ST - ZIP

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:

Juan Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN SUAREZ

Date:

Daytime Phone #

407-859-4988

CR2E034 (12/95)