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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

1. Corporation Name E-Z AUTOMATIC DOORS, INC. Principal Place of Business 12043 SULA ST. PSOUDOS3803 (3 Mailing Address 12043 SULA ST.						····						
ORLANDO FL 32837				ORLANDO FL 32837								
2 Oringinal Di	loop of D								3. Date Incorporated or Qualified 10/30/1995	3a.	Date of Las	it Report
Principal Place of Business			F	2a. Mailing Address					4. FEI Number			Applied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.				59-3342	3'18		Not Applicable	
22			27					5. Certificate of Status Desired			. 75 Additional ee Required	
City & State 23			28	Cily & State					Election Campaign Financing Trust Fund Contribution		\$5.	.00 May Be
Ζιρ 24	25			Ziρ Co 29 30			,		8. This corporation has liability for	s liability for intangible tax under s 199.032,		
	9. Name	and Address of C	urrent Regis	tered Agent					10. Name and Address of New			
OLIADI						81	N	ame				
SUAREZ, JUAN 12043 SULA ST. ORLANDO FL 32837							St	reet Addr	ress (P.O. Box Number is Not Accepta	ıble)		
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		. .				83		•				
						84	Ci	•	FL 85 Zip Co			Zip Code
 11. Pursuant t or register. 	to the provision ed agent, or b	ns of Sections 607. oth, in the State of	0502 and 607 Florida, Such	7.1508, Florida St.	atules	the above r	ame	ed corpor	ation submits this statement for the pi rd of directors. I hereby accept the ap			s registered office
SIGNATURE	п, ало ассері	trie obligations of,	Section 607.0	0505, Florida Stati	utes.	by the corp	Jean	on s doar	d or directors. I hereby accept the ap-	pointmen	t as register	ed agent. I am
	Styria' inc. tysierl or	printed harrie of registered			(NOTE F	finginderica Agira	! saçır .	at respective	. when recally, agr	 DAT		
TITLE	PĎ	OFFICE RS	S AND DIREC			13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECT	TORS IN 12
NAME		Z, JUAN		DELETE		1 1 THILE					Change	
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CFTY - ST - ZIP	1 .	DO FL 32837				13 STREET		188				
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NAME	SUARE.	z, norma l				2.2 NAME					☐ Change	e 🔲 Addition
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NAME STREET ADDRESS						62 NAME						
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City-St-ZiP	certify that the	information supplie	old in the state of the			64 CI^Y-ST-	7 IP					

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: _

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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