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

CORPORATION **ANNUAL REPORT** 

1997

NAME

STREET ADORESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600001449 (3)

ALLIED DOOR COMPANY OF DEERFIELD BEACH, INC.

Principal Place of Business Mailing Address 635 SAND PINE LANE 635 SAND PINE LANE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-1301 3a. Date of Last Report 3. Date Incorporated or Qualified 12/29/1995 05/01/1996 2. Principal Place of Business 4. FEI Number Mailing Address Applied For APPLIED FOR 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032. 24 Yes No 25 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GUZINSKI. ALEXANDER 675 SAND PINE LANE 82 Street Address (P.O. Box Number is Not Acceptable) DERFIELD BEACH FL 33442 63 84 City Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD TITLE DELETE Change Addition 1.1 TITLE **GUZINSKI, ALEXANDER** NAME 1.2 NAME 635 SAND PINE LANE STREET ADDRESS 1.3 STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-ST-ZIP 1.4 C(1) - S1 - 2(F DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 61 TITLE ☐ Change ■ Addition

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Provide Statutes. I further certify that the information indicated on this annual report or supplemental annual peport is true and accurate and that my signature shall have the same legal effect as if made under oath, that am an officer or director of the corporation or the receiver or trisce empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phaged, or on an attachment with an address. inski V. 111.92

62 NAME

6.3 STREET ADDRESS

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**FILED** 

Jun 18 1997 8:00am

Secretary of State

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