## 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 # P9600036620 (8)

BROWARD DOOR CLOSURE, INC.

Personal Control Control Control

97 JUN 23 PH In 25

SECRETARY OF STATE TALLAHASSEE FLORIDA



Principal Plac	e of Business	Mailing Address	Mailing Address		1 19 \$118 Dt 110 1011 D 5111 0 0 111 0 0 111 0 0 111 0 0 111 0 0 111 0 0 11
1729 N. POWE POMPANO BEA		1729 N. POWERLINE ROAD POMPANO BEACH FL 33069-1624			
					3. Date Incorporated or Qualified 3a. Date of Last Report 04/23/1996
	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			1,5.0463575 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5, Certificate of Status Desired  \$8.75 Additional
22		27			Fee Required
City & State		City & State			Election Campaign Financing \$5.00 May Be
the state of the s		28 7m	Zip Gountry		Trust Fund Contribution
. Zip		<b>⊢</b> '	<del> </del>	u y	This corporation has liability for intangible tax under s. 199.032,     Florida Statutes     This corporation has liability for intangible tax under s. 199.032,     Florida Statutes
20	25 9. Name and Address of Current	29  Registered Agent	30]		10. Name and Address of New Registered Agent
- (4)		· · · · · · · · · · · · · · · · · · ·		Name	
					Mught H. WELBORN
	IPANO BEACH FL 33069			Street A	t Address (P.O. Box Number is Not Acceptable)
FUN	IFANO BEACH PL 33009		1	3	
				4 City	<b>■■ 85</b> Zip Code
				,	<b> -                                     </b>
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 familia with, and accept the obligation of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or a instead name of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating)  DATE					
12.	OFFICERS AND	,	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Passiont	☐ DELETE	1.1 TITL	E	Change Addition
NAME	Hough H. WEUSON	)	1.2 NAM	1E	
STREET ADDRESS	ELL N. PILETEL R	d	1.3 STR	ET ADDRESS	·
CITY-ST-ZIP	PLANT CY 3832	1	1.4 CITY	'- S1 - ZIP	
TITLE		DELETE	2.1 TITE	E	Change Addition
NAME			2.2 NAM	16	700002221947574
STREET ADDRESS			2.3 STR	ELT ADDRESS	7000022219474 -06/24/9701100004 ****165.00 ****165.00
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP	####[55.UU ####165.UU
TITLE		☐ DELETE	31 1111	E	Change Addition
NAME			3.2 NAM	lE	
STREET ADDRESS			3.3 STR	EFT ADDRESS	
CITY-ST-ZIP				7-\$1-7IP	
TITLE		DELETE	4 1 THU		Change Addition
NAME			4 2 NA	AE	
STREET ADDRESS			4.3 STRI	ET ADDRESS	
CITY-ST-ZIP		1 22.22		- \$1 - ZIP	
TITLE		☐ DELET <b>E</b>	511111		Change Addilion
NAME .			52 NAM		
STREET ADDRESS	1			EET ADDRESS	
CITY-ST-ZIP	<del></del>	Dritte		'-\$I-ZIP	
TITLE	<b>)</b>	☐ DELETE	61 THL	1	Change Addition
NAME	·		6.2 NAM		
STREET ADDRESS			63 STH	EFT ADDRESS	
CITY-ST-ZIP			64 City	-S1-ZIP	

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), 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 encowered to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 12 or Block, 73 if changed, or on an attachment with a address.

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SIGNATURE

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 JUN 23 PH 4: 22 DOCUMENT # L87986 SECRETARY OF STATE TALLAHASSEE FLORIDA UNIVERSAL EQUIPMENT SUPPLIERS, INC. Mailing Address Principal Place of Business 2950 SW 114th AVE. P.O.Box 650536 MIAMI, FL 33165 MIAMI, FL 33165 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 07/17/1990 4. FEI Number 65-0237157 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes Yes [] No 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 INGACMO, IGNACMO, JR. Street Address (P.O. Box Number is Not Acceptable) 82 2950 SW 114th AVE. MIAMI, FL 33165 83 84 City 65 Zip Code 11. 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE D P. INGELMO, IGNACIO JR. 2950 SW 114th AVE MIAMI, FL 33165 DV.P. 12 NAMÉ NAME 900002221949--05-06/24/97--01100--005 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP \*\*\*\*165.00 | \*\*\*\*165.00 DELETE 2 1 10 LE TITLE INGELMO, IGNACIO 2.2 NAME 2950 SW 114th AVE. STREET ADDRESS 2.3 STREET ADDRESS MIAMI, FL 33165 2 4 CHY-ST-ZIP CITY-ST-ZIP DELETE 3.1.7171.6 Channe Aridition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST DELETE 51 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filling does not qualify for the promption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliciental annual open is true and securate and that my signature shall have the same legal effect as if made under I am an officer or director of the corporation or the corporation of the corporation or the corporation or the corporation of the corporation or the corporation of the corporat urate and that my signature shall have the same legal effect as if made under oath, that cute this report as required by Chapler 607, Florida Statutes; and that my name 06/20/97 (305)229



## NIVERSAL EQUIPMENT SUPPLIERS, INC.

2950 S.W. 114 Avenue • Mlami, FL 33165 Tel (305) 229-4953 • Fax (305) 554-8763

Ms. Reasom **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Dear Ms. Reasom:

I'm sorry the check I sent you on January 03 (#1163) never arrived. Enclosed is a second check for \$165.00 (#1342), which should cover the payment of our Corporation Annul Report. I've stopped payment on #1163; if it arrives, please return it to me. I apologize for this delay and for any inconvenience that the missing check may have caused you.

ours very/truly

Ignacio Ingelmo, Jr. President

Enclosure