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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris 🤼

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000036620**

1. Corporation Name

BROWARD DOOR CLOSURE, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90054 040 ***150.00

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Principal Place	of Business		ing Address								
1729 N. POWERLINE ROAD POMPANO BEACH FL 33069 1729 N. POWERLINE ROAD POMPANO BEACH FL 33069					DO NOT WRI	TE IN THIS	SPACE				
							3. Date Incorporate				
							04/23/1996				
2. Principal Pla	ace of Business	2a.	Mailing Address				4. FEI Number		_	Ap	plied For
21		26					65-0663575				t Applicable
Suite, Apt. #	#, et <u>c</u>		Suite, Apt. #, etc.				5. Certifcate of Sta	tus Desired		\$8:757 Fee Re	Additional
22		27	City & Canto				. 5 6 6	C	_		·
City & State	3		City & State				6. Election Campai			\$5.00 Added 1	•
Zip	Country	28	Zip	Cou	intry		8. This corporation		rent vear in		
24	25 29 36						Personal Proper		on your in	Yes	⊠ No
	9. Name and Address of Curr		ered Agent	1001			10. Name and Add		Registered	Agent	
			<u> </u>		81	Name	· -				
	BORN, HUGH H				82	Street Addre	ess (P.O. Box Number	is Not Accenta	able)		
	N. POWERLINE ROAD										
POMF	PANO BEACH FL 33069				83						
					84	City				85 Zip (Code
						·			<u>FL</u>	-	
11. Pursuant t	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 60	7.1508, Florida Statu	ites, the al	bove	-named corporation	oration submits this sta	tement for the	purpose of the appo	f changing its intment as re	registered gistered
office or re agent. I ar	egistered agent, or both, in the Sta m familiar with, and accept the obli	igations of, S	Section 607.0505, Fl	lorida Statu	utes.	ine corporatio	ara board or director or	, moropy dood	p		•
SIGNATURE											
	Signature, typed or printed name of registered a		·/	- -	l Agent	signature required			DATE		
12.	OFFICERS	AND DIREC		13.		110	ADDITIONS/CHA	NGES TO OF	FICERS A	ND DIRECTO Change	Addition
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NAME	WELBORNE, HUGH H			1.2 NA		-		and co	_1		
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l 1	561 N. PINE ISL RD.						bl Pinc is				
CITY-ST-ZIP	PLANT CITY FL 33324		□ DELETE	140	TY-ST		10 PINC 15 1				
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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, with all other like empowered.

SIGNATURE: