

FILED  
Apr 28 1997 8:00am  
Secretary of State

**Abstract**

**1. Corporation Name**  
**ADVANCED DOOR SYSTEMS, INC.**

Principal Place of Business	Mailing Address
5569 S. ORANGE BLOSSOM TR. ORLANDO, FL 32839	5569 S. ORANGE BLOSSOM TR. ORLANDO, FL 32839

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1996		3a. Date of Last Report	
21	5569 S. ORANGE Blossom TR.	26		4. FEI Number 59-3386069		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State ORLANDO, FL		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23	Zip 32839	28	Country USA	30			

<b>9. Name and Address of Current Registered Agent</b> <b>VALENTE, ANTHONY P JR</b> <b>2730 CENTRAL AVE</b> <b>ST PETERSBURG FL 33712</b>		<b>10. Name and Address of New Registered Agent</b>	
<b>81</b>	Name	<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>		<b>84</b>	City
		<b>85</b>	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)		DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BENJAMIN, JONATHAN B		1.2 NAME	BENJAMIN, JONATHAN B.			
STREET ADDRESS	2730 CENTRAL AVE		1.3 STREET ADDRESS	5569 S. ORANGE Blossom Trail			
CITY - ST - ZIP	ST PETERSBURG FL 33712		1.4 CITY - ST - ZIP	ORLANDO, FL 32839			
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY - ST - ZIP			2.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY - ST - ZIP			3.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST - ZIP				

14. I do 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 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: Abigail Benjamin ABIGAIL BENJAMIN 4-15-97 (401) 826-4818