

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90096 033 ***150.00

DOCUMENT # P96000042969

1. Corporation Name

ADVANCED DOOR SYSTEMS, INC.



Principal Place of Business

5569 S. ORANGE BLOSSOM TR
ORLANDO FL 32939
US

Mailing Address

5569 S. ORANGE BLOSSOM TR
ORLANDO FL 32939
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1996

4. FEI Number

59-3386069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

VALENTE, ANTHONY P JR
2730 CENTRAL AVE
ST PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name

Abigail Benjamin

82 Street Address (P.O. Box Number is Not Acceptable)

5569 S. ORANGE Blossom trail

83

84 City

Orlando,

FL

85 Zip Code

32839

11. Pursuant to the provisions of Sections 607.0602 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 state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D BENJAMIN, JONATHAN B**
STREET ADDRESS **5569 S. ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME **VP BENJAMIN, Abigail**
1.3 STREET ADDRESS **5569 S. ORANGE BLOSSOM TRAIL**
1.4 CITY-ST-ZIP **Orlando, FL 32839**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **P BENJAMIN, JONATHAN**
2.3 STREET ADDRESS **5569 S. ORANGE Blossom tr.**
2.4 CITY-ST-ZIP **Orlando, FL 32839**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **S. BENJAMIN, Abigail**
3.3 STREET ADDRESS **5569 S. ORANGE BLOSSOM TRAIL**
3.4 CITY-ST-ZIP **Orlando, FL 32839**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 **(407)8264818**

CR2E034 (11/98)

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