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

PROFIT CORPORATION ANNUAL REPORT 1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061355 (9)

HERITAGE CUSTOM WOODWORK, INC.

Principal Place of Business	Mailing Address	
235 N.E. 3RD AVENUE DELRAY BEACH FL 33444	235 N.E. 3RD AVENUE DELRAY BEACH FL 33444	

FILED May 20 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address				e teaninate ten abere treit antel burte Bitt antel beten biebe tert) frem Butt sun.		
235 N.E. 3RD AVENUE DELRAY BEACH FL 33444 235 N.E. 3RD AVENUE DELRAY BEACH FL 33444			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	
					07/22/1996	
2. Principal P	lace of Business	28. Mailing Address			4. FEI Number Applied Fo	<u>. </u>
21	·	26			65-0770142 Not Applica	
Suite, Apt.	#, et c.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additiona	1
City & Stat		City & State			Fee Required	
·	в	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	- 1
Zip	Country	7ip	Count	rv	8. This corporation owes or has paid the current year Intangible	\dashv
24	25	29	30	,	Personal Property Tax due June 30. Yes No	
1-71	9, Name and Address of Current		1 00) T		10. Name and Address of New Registered Agent	
GM	IY re k, Thomas		8	1 Name		_1
	5 N.E. 3RD AVENUE		8	Street A	ddress (P.O. Box Number is Not Acceptable)	
	LRAY BEACH FL 33444		*	SITEBLE AN	doress (F.O. Box Multiber Is Not Acceptable)	Ì
-	DITT DESIGN E OSTIT		8	3		
			B	4 City	85 Zip Code	
			15	• City	FL 85 Zip Code	
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State crin familiar with, and accept the obligat	and 607.1508, Florida Stati of Florida. Such change was tions of, Section 607.0505, F	utes, the abo s authorized I Florida Statut	ve-named c by the corpo es.	corporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registere	red ed
SIGNATURE	Signature typed or princed name of registered agreet	; and the dapplicable (NC	OTF: Registered A	gent signature ra	equired when reinstating) DATE	-
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Р	DELETE	1 1 TITLE		Change Add	illion
NAME	GMYREK, THOMAS		1.2 NAM	.		İ
STREET ADDRESS	600 SNUG HARBOR DRIVE, AF	PT. A-1	1.3 STRE	T ADDRESS		ĺ
CITY-ST-ZIP	BOYNTON BEACH FL 33435		1.4 City	ST-2IP		
TITLE	VP	☐ DELETE	21 TITLE		☐ Change ☐ Add	ition
NAME	GMYREK, DANIEL		2.2 NAM	:		- }
STREET ADDRESS	408 S. BROUGHTON COURT		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		2. 4 CITY	-ST-ZIP		
TITLE	VP	☐ DELETE	31 TITLE		Change Add	ition
NAME	GMYREK, BRIAN		. 3.2 NAME			- 1
STREET ADDRESS	217 N.W. 8TH ST.		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		3.4. CITY			
TITLE	ST	DELETE	4.4 TITLE	- }	Change Add	ition
NAME	GMYREK, PATRICIA		4. 2 NAM	į.		
STREET ADDRESS	600 SNUG HARBOR DRIVE, AF	PT. A-1	4.3 STRE	T ADDRESS		Į
CITY-ST-ZIP	BOYNTON BEACH FL 33435	T	4.4 CITY	ST-ZIP		
TITLE		☐ DELETE	51 TATLE	-	☐ Change ☐ Add	HION }
NAME			5.2 NAME			- 1

CITY-ST-ZIP 14. Thereby 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, upon an attachment with an address.

61 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

THOMAS C. GMURCK PAR 4.29-98 5612438516

Addition