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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000085857 (6)

PRO-FOAM INSTALLERS, INC.

Principal Place of Business	Mailing
1721 NORTHWEST 45 STREET	1721
OAKLAND PARK FL 33309	OAKL

**FILED** Jan 30 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				IST OUSER INIOI MICON ENEMS NITTE SWAF FOR
1721 NORTHWEST 45 STREET 1721 NORTHWEST 45 STREET						
OAKLAND PA	ARK FL 33309	OAKLAND PARK FL 333	09		DO NOT WRITE	IN THIS SPACE
					3. Date Incorporated or Qualified	IN THIS SPACE
					10/16/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0701567	Not Applicable
Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
City & State	27		-		Fee Required	
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has pa	
24	25	29	30		Personal Property Tax due June	30. Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent
	ERILAWYER CHARTERED			Name B	ender Randy L	
	3 ALMERIA AVENUE		<u> </u>	B2 Street Add	ress (P.O. Box Number is Not Acceptat	olg)
CO	PRAL GABLES FL 33134		-	112	1 NW 42 241.56	<i>*</i>
			ľ	83		
				B4 City	kland Pank	85 (Tip Coper)
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statut	es the an	ove-pamed corr	poration submits this statement for the p	FL 53309
office or re	egistered agent, or both, in the State of	f Florida Such change was a	authorized	by the corporat	tion's board of directors. I hereby accep	of the appointment as registered
	m larming with, also accept the deligat	ынs 01, зесион 607.03 <b>03,</b> ги	JIROA SIAIL	ies.		
SIGNATURE	Signature typed or punted name of registered agent	and litic if applicable (NOT	E Registered	Agent signature requir	red when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PSTD BANDY I	L_ DELETE	1.1 TH	·		Change
NAME	Bender, randy L 1721 Northwest 45 Street		1.2 NA)			
STREET ADORESS	OAKLAND PARK FL 33309			eet address		
CITY-ST-ZIP TITLE	CANCARD I AIR I E 00008	DELETE	1.4 CIT	(-ST-ZIP		Change Addition
NAME				•		Change Addition C
STREET ADDRESS	22 NAME		EET ADDRESS			
CITY-ST-ZIP				Y - ST - ZIP		
TITLE		DELETÉ	3.1 TITL	···		Change Addition
NAME			3.2 NAN	IE		
STREET ADDRESS			3.3 STR	EET ADDRESS		
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP		
TITLE		☐ DELETE	4.1 TITL	E		Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP		DEVETE		'-ST-ZIP		
TITLE		☐ DELETE	5.1 TITL			☐ Change ☐ Addition
NAME Street address			5.2 NAN			
CITY-ST-ZIP				E1 ADDRESS		
TITLE		☐ DELETE	5.4 CITY 6.1 TITL	-ST-ZIP		Change Addition
NAME			6.2 NAM			C Orongo C radiators
STREET ADDRESS			ľ	ET ADDRESS		
CITY-ST-ZIP				-SI-ZIP		
dd barab a		.1.1. 692			D - C - A - D - D - C - C - C - C - C - C - C - C	

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.