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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 30 1997 8:00am

Secretary of State

DOCUMENT # P96000090029 (5)

14. I do hereby certify that the information supplied with this filing does not of information indicated on this annual report or appropriental annual report I am an officer or director of the corporation or the deceiver or trystee of the appears in Block 12 or Block 13 if changed, or or an attachment with in

NORTH SOUTH FRAMING, INC.

Principal Plac	Mailing Address					
898 CLEARMONT STREET		, and the second	898 CLEARMONT STREET			
SEBASTIAN FL 32958		SEBASTIAN FL 32958-4935				
						3. Date Incorporated or Qualified 3a. Date of Last Report 11/01/1996
2. Principal P	lace of Business	28. Mailing Address				4. FEI Number , Applied For
21		26	. 4			59-345684 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State				
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	Country		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	7		Florida Statutes Yes No
	9. Name and Address of Curre			Ι.,		10. Name and Address of New Registered Agent
AME	ERILAWYER CHARTERED			81	Nam	ame
343 ALMERIA AVENUE CORAL GABLES FL 33134		,		82	Stree	treet Address (P.O. Box Number is Not Acceptable)
				83		
				84	City	ity FL 85 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 after impulseable. (NOTE Begistered Agent signature required when renstating) DATE						
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PĎ	DELETE	1.1 TI	1.1 TITLE		Change Addition
NAME	GEHRKE, GARY G		1.2 NAME			
STREET ADDRESS	898 CLEARMONT STREET		1.3 STREET		ADDRES	RESS
CITY-ST-ZIP	SEBASTIAN FL 32958		1,4 CITY-ST-		T-7IP	,
TITLE	VD	☐ DELETE	2.1 TITLE			Change Addition
NAME	GEHRKE, TIMOTHY J		2.2 NAME			
STREET ADDRESS	898 CLEARMONT STREET		2.3 STREET A			
CITY-ST-ZIP	SEBASTIAN FL 32958	DELETE		2 4 CITY-\$1-7IP		
TITLE	STD COTT T	ר"ו מנינינ		3170tE		Change Addition
NAME Street address	VANDUSEN, SCOTT T 898 CLEARMONT STREET		3.2 NAME 3.3 STREL1 AO		MATERIA	prec
CITY-ST-ZIP	SEBASTIAN FL 32958					
TITLE	APRUATING IF ATOM	DELETE		3.4 CHY-ST-7IP 4.1 TITLE		Change Addition
NAME			4.21			
STREET ADDRESS			4.3 STREET ADDRESS		ADDRES	RESS
CITY-ST-ZIP				4.4 CITY+S1-ZIP		
TITLE		DELETE	5.1 TOLE			Change Addition
NAME			5.2 N	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ADDRES	RESS .
CITY-ST-ZIP			5.4 CITY - ST - ZIP		T - ZIP	
TITLE	☐ DELE		6 1 TOLE			Change Addition
NAME			6.2 N	AMC		
STREET ADDRESS			638	1REE1	ADDRES	RESS
						_

halify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the is true and accurate and that my signature shall have the same logal effect as if made under oath; that powered to execute this report as required by Chapter 607, Florida Statutes; and that my name