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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt #, etc

SIGNATURE:

City & State

Zφ

22

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000090029 (5)

NORTH SOUTH FRAMING, INC.

25

AMERILAWYER CHARTERED 343 ALMERIA AVENUE

Principal Place of Business Mailing Address

898 CLEARMONT STREET
SEBASTIAN FL 32958 SEBASTIAN FL 32958

26

29

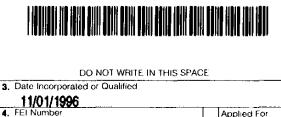
9. Name and Address of Current Registered Agent

2a. Marling Address

City & State

Suite, Apt. #, etc.

FILED Apr 30 1998 8:00am Secretary of State



8. This corporation owes or has paid the current year Intangible

59-3415684

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

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

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

Yes

COHAL GABLES FL 33134			ŀ	L				
			83					
			84	Cit	у		85 Zip	Code
						FL		
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, typical or product room online of any formation and late of any football (NOT). Registered Agent signature required when remostating). OATH								
12.	OFFICERS AND DIREC	TORS	13.		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 TITLE				Change	Addition
NAME	GEHRKE, GARY G		1.2 NAME					ì
STREET ADDRESS	898 CLEARMONT STREET		1.3 STREET	ADDRE	FSS			
CITY-ST-ZIP	SEBASTIAN FL 32958		1.4 CITY - S	S1-71P				
TATLE	VD	☐ DELFTE	2 1 TITLE	_			Change	☐ Addition
NAME	GEHRKE, TIMOTHY J		22 NAME					İ
STREET ADDRESS	898 CLEARMONT STREET		23 STREET	ADDR	:88			i
CITY-ST-ZIP	SEBASTIAN FL 32958		2.4 CITY -	ST - ZIP				
TITLE	STD	DELETE	31 TITLE			Į.	Change	Addition
NAME	vandusen, scott t		3 2 NAME					
STREET ADDRESS	898 CLEARMONT STREET		3.3 STREET	ADDRE	:SS			
CITY-ST-ZIP	SEBASTIAN FL 32958		3.4. CITY-	S1 - ZIP				
TITLE		☐ DEIFTE	41 TITLE				Change	Addition
NAME			4 2 NAME					Į
STREET ADDRESS			4.3 STREET	ADDRE	ESS]
City-St-ZIP			4.4 CITY - S	ST - ZIP		····		
TITLE		DELFTE	5.1 TITLE			L	Change	Addition
NAME			5 2 NAME					-
STREET ADDRESS			5.3 STREET	ADDRE	.ss			ì
CITY-ST-ZIP		·····	5 4 CITY - S	T-ZIP				
TIFLE		☐ DELETE	6 1 TITLE			Į	Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			63 STREFT	ADDRE	SS			İ
CITY-ST-ZIP			64 CITY-S				*	
14. Thereby certify that the information surpliced with this flints does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the information indicated on this arrival report or surplicing that the information indicated on this arrival report or surplicing that the information indicated on this removed the same legal effect as if made under oath; that I am an officer or direction of the comparison or the received to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on adjusted threat address.								

Country

Name

30