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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**DIVISION OF CORPORATIONS** 

1999

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90005 028 \*\*\*150.00

Katherine Harris

Secretary of State

DOCUMENT # P96000090820

Country

9. Name and Address of Current Registered Agent

FORBES FRAMING & FINISHING, INC.

Principal Place of Business 2208 JESSICA LANE

2. Principal Place of Business

WAKEFIELD, S. CRAIG

Suite, Apt. #, etc.

City & State

KISSIMMEE FL 34744

21

22

23

24

Zip

Mailing Address 2208 JESSICA LANE

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

П

Applied For Not Applicable

\$8,75\_Additional\_=

Fee Required

\$5.00 May Be

Added to Fees

₽N<sub>0</sub>

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

11/01/1996 4. FEI Number

59-3414427

1400 WEST OAK STREET				Street Address (P.O. Box Number is Not Acceptable)				
SUIT KISS	IE A SIMMEE FL 34742-1408		83			_		
•			84	City	FI	<del>-</del> 1 1		
office or r	to the provisions of Sections 607.0502 and egistered agent, or both, in the State of Flor m familiar with, and accept the obligations of	ida. Such change was aut	horized by	the corporation's board of direc	nis statement for the purpose o ctors. I hereby accept the appo	f changing its i intment as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent and title	a if anolicable /NOTE: R	Panistarad Agen	t signature required when reinstating)	DATE			
12.	OFFICERS AND DIR		13.	<u> </u>	S/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	PSTD	DELETE	1.1 TITLE	7.557110110	, or but of the or the	Change	☐ Addition	
NAME	FORBES, GARY D	<u></u>	1.2 NAME			_, .		
STREET ADDRESS	2208 JESSICA LANE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34744		1.4 CITY-S	r-ZIP				
TITLE		☐ DELETE	2.1 TITLE			Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS	) to the man of the control of		2.3 STREET	ADDRESS			. ~	
CITY-ST-ZIP			2. 4 CITY-\$	T-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME	•		3.2 NAME					
STREET ADDRESS	•		3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-\$	T-ZIP		<del></del>		
TITLE		DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-\$	r-zip				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS	STATES THE SERVER		5.3 STREET	ADDRESS				
CITY-ST-ZIP.	1000 34 May 1 37 40		5.4 CITY-\$	T-ZIP	<u> </u>			
TITLE	2.22	☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME 43V	The state of the s		6.2 NAME					
STREET ADDRESS	Elia Mala Cara Cara Cara		6.3 STREET	ADDRESS				
OTT / OT 7/D			6.4 CITY-S	T-ZIP		*		

Country

30

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:**