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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 17 1998 8:00am Secretary of State

DOCUMENT # P9600093894 (9) COMMERCIAL DOOR AND GATES SERVICES, INC.				
Principal Place of Business	Mailing Address		1 (40)1004 110 1010 01111 00111 50111 00114	2010 4 13305 IB.IA IBIŞ, 6101 (84)
\$555 DAVIE RDD	5555 DAVIE RD			
DAVIE FL 33314 US	BOCA RATON FL 33314 US		DO NOT WRITE IN TH	IS SPACE
	**		3. Date Incorporated or Qualified	
			11/13/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc	Suite, Apt. #, etc.		85-0742578	Not Applicable \$8,75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & Stato	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28	·	Trust Fund Contribution	Added to Fees
Ζιρ Country	Zip	Country	8. This corporation owes or has paid the	
24 25 25 Name and Address of Curr	and the second s	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
WRICH, TIMOTHY	aut Lohisto.on Whallf	81 Name	19. Issue one Advisor of their stagistate	in Main
5555 DAVIE RD		\\	delana (D.O. Day Murahan in Alah Anna atau a	
DAVIE FL 33314		82 Street A	ddress (P.O. Box Number is Not Acceptable)	ł
		63		
		84 City		85 Zip Code
			corporation submits this statement for the purpose	L
office or registered agent, or both, in the Sta agent. Lam familiar with, and accept the ob SIGNATURE Signature through printed that a of the potent.	ite of Florida. Such change was au ligations of, Section 607,0505, Flor reported the dappoints. (NOTE	thorized by the corpoida Statutes. Registered Agent signature in	oration's board of directors. I hereby accept the a squired when reinstalling) OATE	appointment as registered
12. OFFICERS A	ND DIRECTORS •	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME WRICH, TIMOTHY	<u></u>	1,2 NAME		
STREET ADDRESS 5555 DAVIE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP DAVIE FL		14 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	2. 4 City-ST-ZIP 3.1 TITLE		Change Addition
NAME	LJ viten	3.2 NAME	: · ·	
STREET ADDRESS		3 3 STREET ADDRESS		{
CITY-ST-ZIP	·	3.4. CITY-ST-ZIP		
TITLE	☐ DELFTE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		į
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	5.1 TITLE		Change Addition
NAME	_ J better	5.2 NAME		Committee Committee
STREET ADDRESS		5.3 STREET ADDRESS		{
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS]
CITY-SI-ZIP	with this films down not must !-	6.4 CITY-ST-ZIP	Vin Section 119 07/3Vi) Elevido Statutos Id.	cortify that the Information
14. Thereby certify that the information supplied indicated on this annual report or supplience officer or director of the corporation or the na Block 12 or Block 13 if changed, or on an all	with this filling does not qualify for old annual report is true and accu- scriver or trustee empowered to ex orthogen with an address.	rate exemption stated rate and that my sign cocite this report as r	required by Chapter 607, Florida Statutes Authorities adversariations and legal effects in make required by Chapter 607, Florida Statutes; and in	certify that the Information upder oatherned Length as as at the control of the c
SIGNATURE: SIGNATURE AND TYPED	MULLUNCKO OR PRINTED NAME OF SIGNING OFFICER O	TIM WA	rich 2/10/98 dugu?	54253 7799 Daytime Phone # 0265226