

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

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90029 019 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000093894

Corporation Name

COMMERCIAL DOOR AND GATES SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5555 DAVIE RD DAVIE FL 33314 US		Mailing Address 5555 DAVIE RD BOCA RATON FL 33314 US	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Country		28. Country	
25. Zip		29. Zip	
29. Name and Address of Current Registered Agent WRICH, TIMOTHY 5555 DAVIE RD DAVIE FL 33314		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL	

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
OFFICERS AND DIRECTORS	
1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP PSD WRICH, TIMOTHY 5555 DAVIE RD DAVIE FL	
2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99 9542537799

CR2E034 (11/98)