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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90080 039 ***150.00

DOCUMENT # P9700000423 1. Corporation Name

A - 1 DOOR CONTROLS & GATE CORPORATION

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Principal Place of Business Mailing Address									1			011 06116 00111 00111 <u>1</u> 81	ii eeni ée	117 EIMIG	# 14888 HTT LESS	
4781 N CONGRESS AVE 4781 N CONGRESS AVE BOYNTON BEACH FL 33462 BOYNTON BEACH FL 33462						!										
									DO NOT WRITE IN THIS SPA					Æ		
									3.		Date Incorporated or 01/02/1997	Qualifed				
2. Principal Place of Business				2a. Mailing Address					4. FEI Number					Ar	plied For	
21				26					65-0714915					Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					_		Santifactor of Otation D		\$8	.75	Additional	
22				7					3.), C	Certifcate of Status De	esired [F	ee R∈	quired	
City & State				City & State					6. Election Campaign Financing					\$5.00 May Be		
23				28 .					Trust Fund Contribution						to Fees	
Zip Country				Zip Cou			y		8. This corporation owes the current year Inta				ntangible	3		
24	25			30						Personal Property Tax.			Ye	-	□No	
9. Name and Address of Current Registered Agent									10. Name and Address of New Registere				d Ageht			
VAL	ENZANO, JOSI	FPH				81	1	Name		•						
4781 N. CONGRESS AVE. BOYNTON BEACH FL 33462							2 8	Street Addres	s (P	P.O	D. Box Number is Not	Acceptable)	·			
											·	· •				
55.	W. C. V BENON	7 2 00402				83	'									
						84	ı c	City				··	85	Zip C	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the										,		FI	_ .			
office or r agent. I a	aa DV	/ tne	amed corpora corporation	ation s bo	on's ooard	submits this statemen rd of directors. I here	t for the purpose on accept the appointment	if changi pintment	ng its as req	registered gistered						
SIGNATURE																
	Signature, typed or pri	nted name of registered agent			TE: Registere	ed Ager	nt sig	mature required w				DĄTE				
12.	00	OFFICERS AND) DIRE		13				P	ADI	DITIONS/CHANGES	TO OFFICERS A	ND DIR	ECTO	RS IN 12	
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NAME		1.21	NAME						:							
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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:

1-800-816-8469