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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700001085

GOTHIC DOORS & SHUTTERS, INC.

Principal Place of Business 30 VENETIAN DRIVE DELRAY BEACH FL 33483  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 01/(06/1996)  10/(06/1996											
DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 1/10/6/1989 7  2. Principal Place of Business 2. Mailing Address 4. FEI Number 55-07/17040 1  2. Suite, Apt. #, etc. 5. Certificate of Status Desired 5. Scrifficate of Status Desired 5. Additional Fee Required City & State 2. City & State 3. Country 2. Zip Country 8. This corporation ower the current year Intangible Personal Property Tax. 1 yes IEMS 4. Addition 1. Name and Address of Current Registered Agent 3. Name and Address of Current Registered Agent 3. Name and Address of Current Registered Agent 4. City 4. State 3. State 3. Address (P.O. Box Number is Not Acceptable)  3. AMERILAWYER CHARTERED 3. AMERILAWYER CHARTERED 3. States 3. AMERILAWYER CHARTERED 3. States 3. AMERILAWYER CHARTERED 3. AMERILAWYER CHARTERED 3. States 3. Sta	Principal Place of Business Mailing Address						<b>    </b>	1 82()  88117 88	147 11811 48181 11	F101 (111) 100)	
2. Principal Place of Business	74. 74. 74. 74. 74. 74. 74. 74. 74. 74.						DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   \$65-07.17040   \$7.0040   \$7.0040   \$8.75 Additional Fee Required   \$8.75 Additional Fee							3. Date Incorporated or Qualifed				
Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Zip  Country  Zip  Country  Zip  Country  Zip  Zip  Country  Zip  Country  Zip  Country  Zip  Country											
Suite, Apt. #, etc.  Suite, Ap	Principal Place of Business     2a. Mailing Address						••				
27   S. Certificate of Status Jessine   Fee Required   Fee Required   City & State   City & Country   S. This corporation owes the current year Intangible   Added to Fee	<del>-                                    </del>						65-0717040				
City & State  Country  Solution  Sol	Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired				
Trust Fund Contribution   Added to Fees	22									·	
Zip		<b>—</b> ′	ite					•	•		
29   30   Personal Property Tax.   Yes   PMo	23		· · · • · · · · · · · · · · · · · · · ·							o rees	
9, Name and Address of Current Registered Agent  10, Name and Address of New Registered Agent  AMERILAWYER CHARTERED  343 ALMERIA AVENUE CORAL GABLES FL 33134  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Code  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, 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, 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 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 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 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 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 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 office or registered agent, or both and office or registered agent, or both and office or registered agent, or both and office or registered agent. I have a corporation's board of directors. I her	·			_	ntry		= ·		ngible □ vee	TEM I	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code	24			<u>)</u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>				
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City FL 85 Zip Code  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 or 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, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PSTD  OBLETE  11. TITLE  OBLETE  11. TITLE  OBLETE  21. TITLE  OBLETE  21. TITLE  OBLETE  21. TITLE  OBLETE  22. NAME  OBLETE  3.1 TITLE  OBLETE  3.1 TITLE  OBLETE  3.1 TITLE  OBLETE  3.2 NAME  OBLETE  Addition  Change  Addition		9. Name and Address of Current	registered Agent		81 Nar	ne	to. Name and Address of Non-In-	ogioto. F-	3		
343 ALMERIA AVENUE CORAL GABLES FL 33134  84 City FL 85 Zip Code  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 agent, and facultien with, and accept the obligations of, Section 607.0505, Fiorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, part for the purpose of changing its registered of the foliation of the obligations of, Section 607.0505, Fiorida Statutes.  SIGNATURE  Signature, hyped or printed name of registered agent applicable (NOTE Registered Agent algorithm required when renations)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PSTD  DELETE  1.1 TITLE  PSTD  Change Addition  1.2 NAME  1.2 NAME  1.4 City  TITLE  Change Addition  Change Addition  Change Addition  Addition  Change Addition  Ad	AMERII AWYER CHARTERED										
Record   Corner   C					82 Stre	et Addre	ss (P.O. Box Number is Not Acceptal	ble)			
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    The corporation of the provisions of Section 607.0505, Florida Statutes.    The corporation of the purpose of changing its registered agent agent and the registered Agent					83		· · · · · · · · · · · · · · · · · · ·				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pursose of changing its 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature: Typed or printed nume of registered agent and title if applicable.											
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.    SIGNATURE					'						
Signature. Typed or printed name of registered agent and title if appicable. (NOTE: Registered Agent signature required when reinstaling)   DATE	office or re	paintered agent or both in the State (	of Florida. Such change was auth	iorized	by the co	ed corpoi orporation	ration submits this statement for the price is board of directors. I hereby accept	ourpose of c t the appoint	hanging its r tment as reg	registered jistered	
12.	SIGNATURE							DATE			
DELETE   D	Signature, types of printer terms of regulatorial age.										
NAME					16		ADDITIONS/CHANGES TO OFF	ICENS AIN			
STREET ADDRESS   301 VENETIAN DRIVE   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   DELFAY BEACH FL 33483   1.4 CITY-ST-ZIP		-							_ ·	_	
TITLE						-66					
TITLE         DELETE         21 TITLE         Change         Addition           NAME         22 NAME         23 STREET ADDRESS         CITY-ST-ZIP         2.4 CITY-ST-ZIP         CTY-ST-ZIP         Change         Addition           TITLE         32 NAME         32 NAME         CTY-ST-ZIP         Addition         Addition           STREET ADDRESS         3.3 STREET ADDRESS         CITY-ST-ZIP         Addition         CTY-ST-ZIP         Addition         Addition           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         Addition         Addition	l l									}	
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STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   2.4 CITY-ST-ZIP   Change   Addition   Add	)		<u></u>	1		1			- •	_ }	
2.4 CITY-ST-ZIP   2.4 CITY-ST-ZIP   Change   Addition     NAME						282					
ITILE         3.1 ITILE         Change         Addition           NAME         3.2 NAME											
NAME         3.2 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE           NAME         4.2 NAME			□ DELETE	_		+			Change	Addition	
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TITLE DELETE 4.1 TITLE Change Addition  NAME 4.2 NAME	l l										
NAME 4. 2 NAME			( ) DELETE						Change	Addition	
		t de la companya de		1							
	STREET ADDRESS					SS					

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 literal provered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

6.4 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

☐ Change

☐ Change

☐ Addition

Addition

CR2E034 (11/98)