**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000021216

1. Corporation Name

GARY L. SLOWINSKI MILLWORK, INC.

Principal Place	e of Business	Mailing Address				JILI BBLIL BBILD II	<b>                                    </b>	01 (5040 Otel 400)
1700 NORTHWEST 22 COURT		1700 NORTHWEST 22 COURT						
BAY 2		BAY 2			==			
POMPANO BEACH FL 33069		POMPANO BEACH FL 33069		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 03/07/1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	•	_ <del>                                    </del>	Applied For
21		26			65-0733844	<b>-</b> ∕\_		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\V	¥	Additional
22		27				$\bot \bot$		Required
City & State	e	City & State			6. Election Campaign Financing	<b>'</b> □		May Be
23		28	Caustai		Trust Fund Contribution			to Fees
Zîp	Country	Zip	Country		This corporation owes the current     Personal Property Tax.	rent year ifita	ingible ∐Yes	No
24	25 g. Name and Address of Curren		30		10. Name and Address of New I	Registered A		<del>/</del>
	9. Name and Address of Curren	t Kedizielan Wasiir	81	Name	10. Name and Planton C.	regional .		
SLO	WINSKI, GARY L							
	S. FIG TREE LANE		82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
Į.	NTATION FL 33317		83		<del></del>			
			84	City		FL	85 Zi	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statute	s the above	named com	oration submits this statement for the	nurnose of o	changing i	ts registered
				r-named corp	CIAHOH SUDHING THE STORE OF THE			
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was aut	thorized by 1	the corporatio	on's board of directors. I hereby acce	pt the appoin	itment as	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obligation of printed name of registered agents.	of Florida. Such change was autitions of, Section 607.0505, Floridate of applicable. (NOTE: 1	thorized by lida Statutes.	the corporatio	on's board of directors. I hereby acce	pt the appoin	itment as	registered
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6.3 STREET ADDRESS

ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an unstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied indicated on this annual report or surp officer or director of the corporation or Block 12 or Block 13 if changed, of on

STREET ADDRESS

OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

May 14, 1999 8:00 am Secretary of State

05-14-1999 90006 021 \*\*\*150.00 05-14-1999 90006 022 \*\*\*\*\*8.75