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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000024357

STEVIE B'S BETTER TOP & TRIM, INC.

## FILED May 15, 1999 8:00 am Secretary of State

05-15-1999 90026 006 \*\*\*150.00



Principal Place	of Business	Mailing Address				( 188(188) (18 18)); 188(1 18)	4111 20111 20112 1		J. G 1021 1021	
750 EAST SAMI	PLE RD., BLDG #5 BAY 9 CH FL 33064		750 EAST SAMPLE RD., BLDG #5 BAY 9 POMPANO BEACH FL 33064							
					L	DO NOT WRITE IN THIS SPACE				
						<ol> <li>Date Incorporated or Qualifed 03/18/1997</li> </ol>				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For	
21		26				65-0740438			lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			a Continue of Status Desired		\$8.75	Additional		
22		27				5. Certifcate of Status Desired		Fee F	Required	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be		
23		28			Trust Fund Contribution		Added	to Fees		
Zip	Country	Zip Country				8. This corporation owes the cur	rent year Inta	ngible		
24 25 29			30			Personal Property Tax.		☐ Yes	Ľ No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New	Registered A	gent		
				Nar	me					
BRAI		82	Str	reet Address (P.O. Box Number is Not Acceptable)						
750 EAST SAMPLE RD., BLDG #5 BAY 9 POMPANO BEACH FL 33064			02	00,	eot Addics.	et Address (P.O. Box Number is Not Acceptable)				
			83							
			84	City	у		FL	85 Zip	Code	
	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the abov	e-nam	ned cornora	tion submits this statement for the	purpose of o	hanging it	ts registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was auf	horized by	tne c	orporation's	s board of directors. I hereby acce	pt the appoin	tment as r	egistered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: E	Penistered Ane	nt sinnat	ture required wh	nen reinstating)	DATE			
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OF	FICERS ANI	DIRECT	ORS IN 12	
TITLE	PTSD DELETE			1.1 TITLE				☐ Change		
NAME	BRAMS, STEVE		1.2 NAME							
STREET ADDRESS 750 EAST SAMPLE RD., BLDG #5 BAY 9			1.3 STREET ADDRESS		ESS					
DOMBANO BEACH EL 22064			14 CITY-ST-ZIP							
CITY-ST-ZIP TITLE	, om , ato be to , , , c coco .	☐ DELETE	2.1 TITLE					☐ Change	Addition	
NAME			2.2 NAME							
			2.3 STREET ADDRESS		ESS					
STREET ADDRESS			2. 4 CITY-						ļ	
CITY-ST-ZIP TITLE DELETE			3.1 TITLE					☐ Change	Addition	
								_	1	
NAME CIDEET ADDRESS			3.2 NAME 3.3 STREE	T ADDR	ESS					
STREET ADDRESS			3 4. CITY-							
CITY-ST-ZIP		☐ DELETE	4 1 TITLE	, <u>-II</u>	+		<u></u>	Change	Addition	
		<u></u>	4. 2 NAME							
NAME			4.2 NAME	TADDO	FSS					
STREET ADDRESS			4.4 CITY-S		200					
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	11-217	$\rightarrow$			Change	Addition	
TITLE			5.2 NAME					_ 。	_	
NAME			5.3 STREE	TADOR	ESS					
STREET ADORESS			5.4 CITY-5							
CITY-ST-ZIP		DELETE	6.1 TITLE	11-4.IF			<del></del>	☐ Change	Addition	
TITLE		□ nete ig	6.2 NAME					Jinange	ا العددات	
NAME				T ADDO	ecee					
STREET ADDRESS			6.3 STREE	HUUK	(E-2/2)					

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 a state 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 a state of the corporation or the receiver or trustee empowered.

64 CITY-ST-ZIP

SIGNATURE:

THAT AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.7.99

9547861752

Daytime Phone #

R2F034 (11/98