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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000041307 (4)

SEMORAN DOOR, INC.

FILED May 18 1998 8:00am Secretary of State



incipal Place of Business Mailing Address						-{			
Principal Place of Business Mailing Address									
89 NORTHWEST 8TH STREET 89 NORTHWEST 8TH STR BOCA RATON FL 33432 BOCA RATON FL 33432									
BOCA RATON FL 33432	ON FL 33432	S2			DO NOT WRITE	IN THIS SP	ACE		
						3. Date Incorporated or Qualified			
						05/09/1997			
2. Principal Plaggof By BRANGE BLOSSOM TR	2a. Mailing	Address	JEST G	AT.E	DR.	4. FEI Number		IAI	oplied For
21 SEMARAN DOOR THE	احما المما	# 'S N		-R	TWC.	65-075231	9	├	ot Applicable
Suite, Apt. #, etc.					<u></u>	-			Additional
2 BLOG D UNIT 29						5. Certificate of Status Desired	ш		equired
City & State	City & State					6. Election Campaign Financing		\$5.00	May Be
23 ORLANDO FLORIDA	28 ORLANDO FLORIDA			A	Trust Fund Contribution			to Fees	
Zip Gountry	Zip	-1.14.0	Cour			8. This corporation owes or has paid	the curre		
24 32804 25 USA	L — .	835	30 (STA	1	Personal Property Tax due June 3] No
g. Name and Address of Current R			1001			10. Name and Address of New Reg	71		
AMERII AMVED CHADTEDED				B1 Na	me				
AMERILAWYER CHARTERED									
343 ALMERIA AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33134			<u> </u>	83		····			
			1	93					
			ļī	B4 Cit	/			85 Zip	Code
						·····	<u>FL</u>		
11. Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of	nd 607.1508,	, Florida Statu	ites, the ab	ove-nan	ned corpora	ation submits this statement for the pu	irpose of o	hanging ∤ ntment as	ts registered
agent. I am familiar with, and accept the obligation	rns of, Section	n 607.0505, F	torida Statu	iles.	corporation	is coald of directors. Thereby accept	tile appoi	IRMON GO	rogistored
SIGNATURE									
Signature, typed or prented name of registered agent a	nd id e if applicabl	e (NO	If Registered	Agent sign	ature required	when reinstating)	DATE		
12. OF EIGERS AND D	DIRLCTORS		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE PD		DELETE	1.1 ΤΙΤΟ	.E			L	Change	☐ Addition
NAME WHITMAN, DONALD			1.2 NA	Æ					
STREET ADDRESS 89 NORTHWEST 8TH STREET			1.3 STF	EET ADDRE	SS				
CITY-ST-ZIP BOCA RATON FL 33432			1.4 CiT	Y-ST-ZIP					
TITLE VD		DELETE	2.1 TIT	.E				Change	☐ Addition
NAME GIGGEY, WILLIAM C			2.2 NA	AE.					-
STREET ADDRESS 89 NORTHWEST 8TH STREET			23 STF	EET ADDRI	SS				
CITY-ST-ZIP BOCA RATON FL 33432				Y-ST-ZIP					
TITLE STD		DELETE	3 1 Till				Т	Change	Addition
NAME STRANGER, CHARLES G			3.2 NAI				_		
STREET ADDRESS 89 NORTHWEST 8TH STREET				AE EET ADDRI	·ee				
B001 D47011 F1 44444					.00				
		☐ DELETE		Y-SI-ZIP	-		·	Change	Addition
TITE		LL DELCTE	4.1 111					ન ∧ાલાકેલ	VADIONI
NAME			4. 2 NA						
STREET ADDRESS				EET ADDRI	SS				
CITY-ST-ZIP				Y-ST-ZIP				10	11100
TITLE		DELETE	5.1 TITE				L	Change	Addition
NAME			5.2 NA	AE.					
STREET ADDRESS			5.3 STR	EFT ADDRI	SS				
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP					
TITLE		DELETE	6.1 TITI	.E	1		Ţ	Change	☐ Addition
NAME			6.2 NA	AE.					
STREET ADDRESS			62010		·ec				
			110 011	EET ADDRI	:22				
CITY-ST-ZIP				EET ADDHI Y-ST-ZIP	:22				

indicated on this annual report or suppliernential annual report is true and accurate and that my signature shall have the same legal effect as if made under out; 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.

ICHATURE VICTOR & WISHER TOWN / WILLIAM / UNDOCO 924