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

PROFIT CORPORATION ANNUAL REPORT 1998

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortinam

May 18 1998 8:00am

Secretary of State

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000044676 (9)

GARAGE DOOR SERVICES OF SOUTH FLROIDA, INC.

Principal Plac	e of Business	Mailing Address	Mailing Address			1 continue to the continue and and and all all and a	1010 0:41/101	FFE 8311 4EB1
4990 SW 52ND STREET 4990 SW 52ND STREET						1		
SUITE 210 SUITE 210 DAVIE FL 33314 DAVIE FL 33314						DO NOT WRITE IN THIS SPACE		
DAVIE FL 33314						3. Date Incorporated or Qualified		
						05/20/1997		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	176	-aliad Ca-
21		├ <i>-</i> ¬┐	26			ED 65-000073		oplied For
Suite, Apt.	# etc		Suite, Apt. #, etc.			EDW 010015		ot Applicable
22		<u> </u>	27			5. Certificate of Status Desired	•	Additional aguired
City & Stat	9	City & State				6. Election Campaign Financing		May Be
23		28	28			Trust Fund Contribution		to Fees
1 ip	Country	Zip	Coun	try		8. This corporation owes or has paid the curre		
24	25 29 30		30					No
	9. Name and Address of	Current Registered Agent				10. Name and Address of New Registered Ag	ent	
BC	Pyter, ron		٤	31	Name			
	90 SW 52ND STREET		<u> </u>	12	Street Addre	ss (P.O. Box Number is Not Acceptable)		
SU	IITE 210		١		or cor ridaro.	30 (1.20. Box 140/100/10 140/ Nocopiable)		
DA	VIE FL 33314		8	3				
			-	34	City		nel Zin	Code
1				,	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. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE								
12.	Signature, typed or printed name of reg	sered agent and title if applicable. (NOTE RS AND DRECTORS		\ger	I signature required		inenene	
TITLE		DELETE	13.	r		ADDITIONS/CHANGES TO OFFICERS AND D	Change	Addition
NAME	gresident ?		1.2 NAM			_	☐ Cuanôe	E Addition
STREET ADDRESS	Konord WES	halst-reet, Ste 210			1000cc			1
CITY+ST-ZIP	119005 W52	32218			ADDRESS			
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NAME			2.2 NAM			_	_ Onange	Addition
STREET ADDRESS					ADDRESS			
CITY+ST-ZIP			2. 4 CITY					
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NAME			3.2 NAM		ļ	_	_ Change	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			3 4. CITY					
TITLE			4.1 TITLS				Change	Addition
NAME			4. 2 NAM			•	- · · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS			4.3 STRE		ADORESS			
CITY - ST - ZIP	I ···		4.4 C(1)		l l			
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAM					
STREET ADDRESS					ADDRESS			

14. Thereby 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 supplicmental 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 trusted 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CHTY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE