FILED

Apr 30, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000044676

1. Corporation Name

GARAGE DOOR SERVICES OF SOUTH FLROIDA, INC.

Principal Place	e of Business	Mailing Address				•		-		
4990 SW 52ND STREET 4990 SW 52ND STREET										
SUITE 210 SUITE 210						DO NOT WRITE IN THIS SPACE				
DAVIE FL 33314 DAVIE FL 33314						3. Date Incorporated or Qualifed				
		,				05/20/1997				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Appl	lied For
26						65-0760973 Not Applic				Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired				lditional
22		27			·····				e Req	
City & State City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23		28	0			Trust Fund Contribution			ded to	rees
Zip	Country	Zip	Cour	itry		8. This corporation owes the curr	ent year Inta	ngible Yes		□No
24	[25]	29	30			Personal Property Tax. 10. Name and Address of New F	Pagistarad &			
	9. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New /	iogistorou r	gom		
EBOY	TER, RON			82				<u>.</u>		
* 4990 SW 52ND STREET					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 210				83						
DAVIE FL 33314			Į				T			
_,				84	City		FL	85	Zip Co	ode
SIGNATURE	Signature, typed or printed name of registered			Agent	t signature require	d when reinstating)	DATE		CTOR	
12.		AND DIRECTORS	13.		1	ADDITIONS/CHANGES TO OF	FICERS AND	☐ Cha		Addition
TITLE .	P	☐ DELETE	1.1 ππ		i	•			iiige	☐ Addison
NAME	BOYTER, RONALD W.	ON HTTE AAA	1.2 NA			•				
STREET ADDRESS	49905 WEST 52ND STREET	, Suite 210			ADDRESS	•				
CITY-ST-ZIP	DAVIE FL 33314	☐ DELETE	1.4 CIT		-ZIP			Cha	anne	Addition
TITLE	•	L) DELETE	2.1 1111						ingo	
NAME	. *	•	2.2 NA		+000000					
STREET ADDRESS			1		ADORESS	•				
CITY-ST-ZIP		□ DELETE	2.4 CF		1-ZIP	<u>·</u> <u>·</u>		Cha	ange	Addition
TITLE		566616	3.2 NA		ĺ		,	_	7	
NAME	•				ADDRESS					
STREET ADDRESS CITY-ST-ZIP			3.4. CIT							
TITLE		☐ DELETE	4.1 TIT			<u> </u>	,,	Cha	ange	Addition
NAME			4. 2 NA		, [•			
STREET ADDRESS			4.3 STF	REET.	ADDRESS	· ·				` `
CITY-ST-ZIP			4.4 CIT	Y-ST	-ZIP		<u>, </u>			
TITLE		☐ DELETÉ	5.1 TIT					Cha	ange	Addition
NAME	٠.		5.2 NA	ME						
STREET ADDRESS	•		5.3 STF	REET	ADDRESS					
CITY-ST-ZIP			5.4 CIT		-ZIP	<u> </u>				
TITLE		☐ DELETE	6.1 TTT		{			☐ Cha	ange	☐ Addition
NAME			6.2 NA	MĘ						

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 chapted, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS