

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000048524

1. Corporation Name

THE DUCT DOCTOR OF SOUTH FLORIDA, INC.

Principal Place of Business

7927 JOHNSON STREET, UNIT 3
PEMBROKE PINES FL 33024

Mailing Address

7927 JOHNSON STREET, UNIT 3
PEMBROKE PINES FL 33024

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90125 057 *****8.75

05-03-1999 90125 058 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1997

4. FEI Number

65-0758387

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 6540 COOLIDGE ST.

Suite, Apt. #, etc.

22 N/A

City & State

23 HOLLYWOOD, FL.

Zip

24 33024

Country

25 UNITED STATES

2a. Mailing Address

26 6540 COOLIDGE ST.

Suite, Apt. #, etc.

27 N/A

City & State

28 HOLLYWOOD, FL.

Zip

29 33024

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

FRANQUIZ, ENRIQUE

7927 JOHNSON STREET, UNIT 3
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

FRANQUIZ, ENRIQUE

82 Street Address (P.O. Box Number is Not Acceptable)

6540 COOLIDGE ST.

83

N/A

84 City

HOLLYWOOD, FL

85 Zip Code

33024

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

Enrique Franquiz

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-25-1999

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME FRANQUIZ, ENRIQUE
STREET ADDRESS 7927 JOHNSON STREET, UNIT 3
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☐ Addition
1.2 NAME FRANQUIZ, ENRIQUE
1.3 STREET ADDRESS 6540 COOLIDGE ST.
1.4 CITY-ST-ZIP HOLLYWOOD, FL. 33024

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 an attachment with an address, with all other like empowered.

SIGNATURE:

Enrique Franquiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-1999

Date

(954)894-6810

Daytime Phone #

CR2E034 (11/98)

0144851