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Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000085522 (5)

1. Corporation Name

SOUTHEASTERN DOOR COMPANY, INC.

Principal Place of Business

528 N.W. 7TH AVENUE  
MIAMI FL 33136

Mailing Address

528 N.W. 7TH AVENUE  
MIAMI FL 33136



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/02/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SCHWARTZ, TERRENCE S ESQ  
141 N.E. THIRD AVENUE  
SUITE 601  
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VP
NAME	SISKIND, STEPHEN A	1.2 NAME	BRUCE CARLSON
STREET ADDRESS	528 N.W. 7TH AVENUE	1.3 STREET ADDRESS	528 N.W. 7th Ave
CITY-ST-ZIP	MIAMI FL 33136	1.4 CITY-ST-ZIP	MIAMI, FL 33136
TITLE	CAR	2.1 TITLE	S/H
NAME		2.2 NAME	PATSI A. SISKIND
STREET ADDRESS		2.3 STREET ADDRESS	528 N.W. 7th Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33136
TITLE		3.1 TITLE	VP
NAME		3.2 NAME	LUIS J. COTES
STREET ADDRESS		3.3 STREET ADDRESS	528 N.W. 7th Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33136
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

*Pat A. Siskind* PATSI A. SISKIND 4/17/98 (305) 577-1332

CR2E034 (10/97)