

04011999-90050-001-\$150.00-\$150.00

**CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000007559

1. Corporation Name

ALMAR MILLWORK INSTALLATIONS, INC.

Principal Place of Business

930 NW 203RD AVE
PEMBROKE PINES FL 33029

Mailing Address

930 NW 203RD AVE
PEMBROKE PINES FL 33029

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90050 001 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc. **9720 PINES BLVD.**

City & State

Zip

Country

3. Date Incorporated or Qualified

01/23/1998

4. FEI Number

65-010661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEON, ALBERT R
930 NW 203RD AVE
PEMBROKE PINES FL 33029

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. ADDRESS ST-ZIP	PTSD LEON, ALBERT R 930 NW 203RD AVE PEMBROKE PINES FL 33029	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. ADDRESS ST-ZIP		1.2 NAME	
1. ADDRESS ST-ZIP		1.3 STREET ADDRESS	
1. ADDRESS ST-ZIP		1.4 CITY-ST-ZIP	
1. ADDRESS ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. ADDRESS ST-ZIP		2.2 NAME	
1. ADDRESS ST-ZIP		2.3 STREET ADDRESS	
1. ADDRESS ST-ZIP		2.4 CITY-ST-ZIP	
1. ADDRESS ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. ADDRESS ST-ZIP		3.2 NAME	
1. ADDRESS ST-ZIP		3.3 STREET ADDRESS	
1. ADDRESS ST-ZIP		3.4 CITY-ST-ZIP	
1. ADDRESS ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. ADDRESS ST-ZIP		4.2 NAME	
1. ADDRESS ST-ZIP		4.3 STREET ADDRESS	
1. ADDRESS ST-ZIP		4.4 CITY-ST-ZIP	
1. ADDRESS ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. ADDRESS ST-ZIP		5.2 NAME	
1. ADDRESS ST-ZIP		5.3 STREET ADDRESS	
1. ADDRESS ST-ZIP		5.4 CITY-ST-ZIP	
1. ADDRESS ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. ADDRESS ST-ZIP		6.2 NAME	
1. ADDRESS ST-ZIP		6.3 STREET ADDRESS	
1. ADDRESS ST-ZIP		6.4 CITY-ST-ZIP	

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 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 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: **ALBERT R LEON** REGISTERED

3/11/99

Daytime Phone #

CR2E034 (1/98)