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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000013783

DOOR FABRICATION SER	IVICES, INC.) INGUINGO HA WARI KARK GAKO ATUK BAKU	PIRA (AKAN ILIJI (KANI)	(81 93)/(8) 31 0	
Principal Place of Business	Mailing Address			(ISSUES! HE (B) at MIN ASHI ASHI ASHI	14181 (1894 1111) 1990-	19104 1117 1041	
ONE NORTH DALE MABRY HIGHWAY	ONE NORTH DALE MABR	RY HIGHWAY		J			
SUITE 940 SUITE 940 TAMPA FL 33609 TAMPA FL 33609			DO NOT WRITE IN THIS SPACE				
1 THMPA FL 33009	INMITA FL SAGGS			3. Date incorporated or Qualified			}
1				02/11/1998			,
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Ap	plied For	
21 28				59-3494008		Applicable	1
Suite, Apt. #, etc.	Suite, Apt, #, etc.			5. Certificate of Status Desired	\$8.75 A		ļ
22	City & State	··		S. Flastin Commiss Financing	\$5.00		 -
City & State	28			6. Election Campaign Financing Trust Fund Contribution	Added t		
Zip Countr		Countr	y	8. This corporation owes the current year	r intangible	-	1
24 25	29	30		Personal Property Tex.	Yes	□No	1
	ss of Current Registered Agent			10. Name and Address of New Register	red Agent		4
COUNTY STORMA DECICA	TENER ACENTS INC	81	Name	·			ŀ
SOUTH FLORIDA REGISTERED AGENTS, INC.		B2	B2 Street Address (P.O. Box Number is Not Acceptable				1
C/O ATLAS, PEARLMAN, TROP & BORKSON, P.A. 200 EAST LAS OLAS BLVD., SUITE 1900		8:	 	<u>.</u>			1
FORT LAUDERDALE FL 3	•	18.	1	-			
PORT DAUDENDALE PL 33301		84	84 City F1 85 Zip (ode]	
44 Demonstrate the gravitings of Sea	tions 507 0502 and 607 1508 Florida Statu	ites the show	e-named com			registered	1
office or registered agent, or both	, in the State of Florida. Such change was	authorized by	the corporation	poration submits this statement for the purposion's board of directors. I hereby accept the a	ppointment as req	jistered	
agent. I am tamiliar with, and acc	ODI THO ODRIGATIONS OF, SOCION SOF. USUA, FI						
	• •	0.00				i	1
SIGNATURE				od when reinstating) DATE			∞
SIGNATURE Signature, typed or printed name	of registered agent and title if applicable. (NOT OFFICERS AND DIRECTORS	E: Registered Apr			AND DIRECTO	RS IN 12	1/98)
SIGNATURE Signature, typed or printed name 12. TITLE D	e of registered agent and title if applicable. (NOT	E: Registered Apr 13. 1.1 TITLE		od when reinstating) DATE			4 (11/98)
SIGNATURE Signature, typed or printed name 12. TITLE D NAME ULSTER, HARLEY	o of registered agent and title if applicable. (NOT OFFICERS AND DIRECTORS	E: Registered Apr 13. 1.1 TITLE 12 NAME	nt signature reduse	od when reinstating) DATE	AND DIRECTO	RS IN 12	034 (11/98)
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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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ubbesing yrr/99

905-670-6500

Daytime Phone #

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90077 022 ***150.00