

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF UNPAID, MINIMUM AMOUNT DUE 10/15/99: \$125)

PROFIT  
CORPORATION  
ANNUAL REPORTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000036830

Corporation Name

SOUTH FLORIDA CARPENTRY, INC.

FILED  
Jul 13, 1999 8:00 am  
Secretary of State

07-13-1999 90004 035 \*\*\*150.00

Principal Place of Business  
2 PHEASANT RUN BLVD.  
WEST PALM BEACH FL 33415  
Mailing Address  
92 PHEASANT RUN BLVD.  
WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1998

4. FEI Number

05-0837077

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees8. This corporation owes the current year  
Intangible Personal Property.

Yes No

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

RIFF, EDWARD L  
92 PHEASANT RUN BLVD.  
WEST PALM BEACH FL 33415

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

I, 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

## OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	DPVS RIFF, EDWARD L 92 PHEASANT RUN BLVD. WEST PALM BEACH FL 33415	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EE		1.2 NAME	
EE ADDRESS		1.3 STREET ADDRESS	
ST-ZIP		1.4 CITY-ST-ZIP	
E	T RIFF, LYNN C 92 PHEASANT RUN BLVD. WEST PALM BEACH FL 33415	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
EE		2.2 NAME	
EE ADDRESS		2.3 STREET ADDRESS	
ST-ZIP		2.4 CITY-ST-ZIP	
E		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EE		3.2 NAME	
EE ADDRESS		3.3 STREET ADDRESS	
ST-ZIP		3.4 CITY-ST-ZIP	
E		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EE		4.2 NAME	
EE ADDRESS		4.3 STREET ADDRESS	
ST-ZIP		4.4 CITY-ST-ZIP	
E		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EE		5.2 NAME	
EE ADDRESS		5.3 STREET ADDRESS	
ST-ZIP		5.4 CITY-ST-ZIP	
E		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EE		6.2 NAME	
EE ADDRESS		6.3 STREET 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 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)