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 # P98000047819

1. Corporation Name

CENTRAL FLORIDA BUILDING SPECIALTIES, INC.

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1	2020	BRU	CE	HUN	T RO	AD
_			-	^		

Mailing Address

12020 BRUCE HUNT BOAD

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90039 020 ***150.00



LERMONT FL 34711	CLERMONT FL 34711	DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualified 05/27/1998			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For			
1 SAME	26 SAME	59-3520918 Applied For Not Applicable	le		
Suite, Apt. #, etd	Suite, Apt. # etc.	5. Certificate of Status Desired See Required	-		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country 25	Zip Cou	8. This corporation owes the current year Intangible Personal Property Tax.			
9. Name and Address of Curre	ent Registered Agent	10. Name and Address of New Registered Agent			
Jordan, Edward P II 13543 East Highway 50		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83			
CLERMONT FL 34711					
		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	NOTE: D	gistered Agent signature r	required when reinstation)	DATE	Ì	
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.		1,1 TITLE	PRESIDENT, T	K Change	Addition	
TITLE	_			٠ · · · · · · · · · · · · · · · · ·	_	
NAME	SOLER, JOSE	1.2 NAME	SOLER,	JAY Rd #N	- ⊃	
STREET ADDRESS	12020 BRUCE HUNT ROAD	1.3 STREET ADDRESS	1935 S. Conu	איזי מא דאני	~	
CITY-ST-ZIP	CLERMONT FL 34711	1.4 CITY-ST-ZIP	ORLANDO, FL	<u> </u>		
TITLE	☐ DELETE	2.1 TITLE	VICE PRESIDENT	T,\$ □Change	Addition	
N'AME		2.2 NAME	ATTARDO, DOROT	HY.		
STREET ADDRESS		2.3 STREET ADDRESS	LIANAN BRUCE HI	unt Koa d	ĺ	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	CLERMONT, FL	<i>翠 347 //</i>	·	
TITLE	☐ DELETE	3.1 TITLE	-	☐ Change	Addition	
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3 4, CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition	
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CiTY-ST-ZiP		4.4 CiTY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE -		☐ Change	Addition	
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME		62 NAME				
STREET ADDRESS		6.3 STREET ADDRESS			ļ	
CITY-ST-ZIP		6.4 C/TY-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: