

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

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90036 035 \*\*\*150.00

DOCUMENT # P98000055898

1. Corporation Name  
ADVANCE ROLLFORMING DISTRIBUTORS, INC.



Principal Place of Business  
2055 NORTHEAST 154TH STREET  
NORTH MIAMI BEACH FL 33162

Mailing Address  
2055 NORTHEAST 154TH STREET  
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1998

4. FEI Number

65-0845208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2052 NE 155TH STREET

Suite, Apt. #, etc.

22

City & State

23 NORTH MIAMI BEACH, FL

Zip

24 33162

Country

25 USA

2a. Mailing Address

26 2052 NE 155TH STREET

Suite, Apt. #, etc.

27

City & State

28 NORTH MIAMI BEACH, FL

Zip

29 33162

Country

30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name HARVEY MARCUS

82 Street Address (P.O. Box Number is Not Acceptable)

2052 NE 155TH STREET

83

84 City NORTH MIAMI BEACH

FL

85 Zip Code 33162

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 *Harvey Marcus* HARVEY MARCUS

Signature of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/7/99*

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME MARCUS, HARVEY

STREET ADDRESS 2055 NORTHEAST 154TH STREET

CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE SVD ☒ DELETE

NAME BURKE, CHRISTOPHER

STREET ADDRESS 2055 NORTHEAST 154TH STREET

CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2052 NE 155TH STREET  
NORTH MIAMI BEACH, FL 33162

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *Harvey Marcus* HARVEY MARCUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

*4/7/99*

DAYTIME PHONE #

*305-956-9151*

CR2E034 (11/98)