PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOO

	IVIEW # P98UUL	JUB3 133					
1. Corporation	ICHTER CARPENTRY, INC.						
IWANN	NUTTER CARENTRI, INC.						
Principal Place	e of Business	Mailing Address					
135 LANDINGS	RD., SOUTH	135 LANDINGS RD., SOUTH	I				
MELBOURNE B		MELBOURNE BCH FL 32951			DO NOT WRITE IN THIS	SPACE	
Į		•			3. Date Incorporated or Qualifed	GF FIOL	
} ·					09/24/1998		
2. Principal P	lace of Business	2a. Mailing Address	···		4. FEI Number	App	olied For
21		26			59-3532754	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22	<u> </u>	27			3. Certificate of Station Council	Fee Rec	·
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees		
Zip	Country Zip Co		Country		8. This corporation owes the current year int	angible	
24	[25]		30		Personal Property Tax.		□No
29	9. Name and Address of Curre		1		10. Name and Address of New Registered	Agent	
			81 N	ame			
RICH	HTER, MARK		82 S	troot Arida	ess (P.O. Box Number is Not Acceptable)		
135	LANDINGS RD., SOUTH		3	SOOL PARCING	USS (F.O. DON HEIRES IS THE THOUSE)		
MEL	BOURNE BCH FL 32951		83				Ì
]		•	84 C	ity		85 Zip C	ode
1				•	FL	_ [**]	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-ne	med corpo	oration submits this statement for the purpose of	changing its : intment as rec	registered distered
	wakataran anant or both in ma State						
office or n	m familiar with, and accept the oblig-	ations of, Section 607.0505, Flor	ithonzed by the ida Statutes.	corporatio	NI'S DOZE OF GRECOVS. Friendly according to appear		,
l					oration submits this statement for the purpose of on's board of directors. I hereby accept the appoi		
SIGNATURE	Signature, typed or printed name of registered age	ent end title if applicable. (NOTE:	Registered Agent sign		d when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent sign				
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS A	ent end title if applicable. (NOTE:	Registered Agent sign 13. 1.1 TITLE		d when reinstating) DATE	VD DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI D RICHTER, MARK	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent sign 13. 1.1 TITLE 1.2 NAME	neture required	d when reinstating) DATE	VD DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AID RICHTER, MARK 135 LANDINGS RD., SOUTH	ent and title if applicable. (NOTE: ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD	neture required	d when reinstating) DATE	VD DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI D RICHTER, MARK	ort and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Agent sign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-28	neture required	d when reinstating) DATE	VD DIRECTO	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE	OFFICERS AID RICHTER, MARK 135 LANDINGS RD., SOUTH	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent stg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIF 2.1 TITLE	neture required	d when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME	OFFICERS AID RICHTER, MARK 135 LANDINGS RD., SOUTH MELBOURNE BCH FL 32951	ort and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Agent stg 13. 1.1 TITLE 12 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIF 2.1 TITLE 2.2 NAME	ORESS	d when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS	OFFICERS AID RICHTER, MARK 135 LANDINGS RD., SOUTH MELBOURNE BCH FL 32951	ort and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Agent stg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-2# 2.1 TITLE 2.2 NAME 2.3 STREET ADD	ORESS	d when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AID RICHTER, MARK 135 LANDINGS RD., SOUTH MELBOURNE BCH FL 32951	ort and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered Agent stg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-2F 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-2F	ORESS	d when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE	OFFICERS AID RICHTER, MARK 135 LANDINGS RD., SOUTH MELBOURNE BCH FL 32951	ort and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Agent stg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-26 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-25 3.1 TITLE	ORESS	d when reinstating) DATE	ND DIRECTO	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AID RICHTER, MARK 135 LANDINGS RD., SOUTH MELBOURNE BCH FL 32951	ort and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered Agent sign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADC 1.4 CITY-ST-21F 2.1 TITLE 2.2 NAME 2.3 STREET ADC 2.4 CITY-ST-21F 3.1 TITLE 3.2 NAME	nature required	d when reinstating) DATE	ND DIRECTO	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AID RICHTER, MARK 135 LANDINGS RD., SOUTH MELBOURNE BCH FL 32951	ort and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered Agent sign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADC 1.4 CITY-ST-ZIF 2.1 TITLE 2.2 NAME 2.3 STREET ADC 2.4 CITY-ST-ZIF 3.2 NAME 3.3 STREET ADC 3.3 STREET ADC 3.3 STREET ADC 3.3 STREET ADC 3.4 STREET ADC 3.5 ST	ORESS P	d when reinstating) DATE	ND DIRECTO	R\$ IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AID RICHTER, MARK 135 LANDINGS RD., SOUTH MELBOURNE BCH FL 32951	ort and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered Agent sign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADC 1.4 CITY-ST-21F 2.1 TITLE 2.2 NAME 2.3 STREET ADC 2.4 CITY-ST-21F 3.1 TITLE 3.2 NAME	ORESS P	d when reinstating) DATE	ND DIRECTO	RS IN 12 Addition Addition
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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 suppliemental 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.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

KUKNOTUP FORFOLL RED

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90078 003 ***150.00