FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # POROGOGESSA

Corporation Name	0000000								
NATIONAL DOOR SERVICES, INC) .				1 140/140 to 1810 tolk 1810 1811 1811 1811 1811 1811 1811				
Principal Place of Business	Mailing Address	<u>-</u>							
28 WEST FLAGLER STREET SUITE 400 MIAMI FL 33130	28 WEST FLAGLER S SUITE 400 MIAMI FL 33130	STREET			DO NOT WRITE IN THIS	SPACE			
MINWITE 33730					3. Date Incorporated or Qualifed				
2. Principal Place of Business	2a. Mailing Address				11/17/1998 4. FEI Number 6 5 - 0 8 7 8 / 55				
Suite, Apt. #, etc.	Suite, Apt. #, etc	.			5. Certificate of Status Desired	\$8.			
City & State	City & State	_			6. Election Campaign Financing Trust Fund Contribution	\$5 Ad			
Zip Country 24 25	Country Zip		ntry		This corporation owes the current year Intangible Personal Property Tax.				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent			
CANTANIA ERANOIC V ECO			81	Name					
SANTANA, FRANCIS X ESQ. 28 West Flagler Street		-	82	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 400			83						
MIAMI FL 33130			84	City	FL	85			
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Stagent. I am familiar with, and accept the observed.	ate of Florida. Such change v	was authorized	DV I	-named corpo he corporatio	oration submits this statement for the purpose o' n's board of directors. I hereby accept the appo	changi intment			
SIGNATURE	ocean and title if monlicable	/NOTE: Registered /	Agent	signature required	when reinstating) DATE				

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90015 039 ***150.00



Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

MIAMI FL 33130						<u>-</u>			
			84	City	FL	85	Zip Co	Code	
office or re	to the provisions of Sections 607.0502 and 607.1 egistered agent, or both, in the State of Florida. S m familiar with, and accept the obligations of, Sec	Such change was au	thorized by	the corporatio	oration submits this stateme on's board of directors. I her	nt for the purpose of c eby accept the appoin	changir itment	ng its re as regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent and title if appl	licable (NOTE:	Pagistered Agent	t sonature requirer	d when reinstating)	DATE			
	OFFICERS AND DIRECTO		13.	organia organia	ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRE	CTOR	S IN 12
12.	TD STATES THE STATES T	DELETE	1.1 TITLE			<u> </u>	Cha		☐ Addition
	MARINO, PAUL		1.2 NAME						
NAME .	···· - · · · · · · · · · · · · · · · ·		1.3 STREET	ADDRESS					1
STREET ADDRESS	28 WEST FLAGLER STREET								
CITY-ST-ZIP	MIAMI FL 33130	DELETE	1.4 CITY-ST	-ZIP	·		☐ Cha	nne	Addition
TITLE	SD	☐ DECE IE	2.1 TITLE					ingo	
NAME	SANTANA, FRANCIS X		2.2 NAME						
STREET ADDRESS	28 WEST FLAGLER STREET		2.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33130		2. 4 CITY-S	Γ-ZIP		 			
TITLE		☐ DELETE	3.1 TITLE				Cha	ange	☐ Addition
NAME			3.2 NAME			•			
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY-S	r-ZtP					
TITLE		☐ DELETE	4.1 TITLE				☐ Cha	ange	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S1	í-ZIP					
TITLE		☐ DELETE	51 TITLE				☐ Cha	ange	Addition
NAME			5.2 NAME			•			
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S1	i-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Cha	ange	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST	r-zip					
ALL - OL- EII									

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR