PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90159 030 ***150.00

DOCUMENT # pagagation233

1. Corporation THE DOG	Name P3000 GIE DOOR COMPANY	.00								
Principal Place of Business			Mailing Address				(fåtifåt lig sårår samt palm dåtis 2010) sam sæm nass mi	19 I) II 1881		
5525 MEADOW PINE CT.			5525 MEADOW PINE CT.							
ORLANDO FL 32819			ORLANDO FL 32819				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
							11/25/1998			
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number App	led For		
21		26						Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			
22		27		<u> </u>						
City & State	e	<u> </u>	City & State				6. Election Campeign Financing \$5.00 N Trust Fund Contribution Added to			
23	Country	28	Zip	Cou	ntrv		Trust Fund Contribution Added to 8. This corporation owes the current year Intangible	1000		
Zip	Country 25	29	3		_		Personal Property Tax.	No		
24	9. Name and Address of Curre			<u> </u>			10. Name and Address of New Registered Agent			
	p. 1141170 41141 7440. 444 01 44474				B 1	Name				
BROV	V, JAMES J				82	Cional Add	Iress (P.O. Box Number is Not Acceptable)	_		
5525	MEADOW PINE CT.					Sueet Ass	BIOSS (F.O. DOX 11011BBI ID 1101 PAGOPBBIN)			
ORLA	NDO FL 32819				83			ĺ		
					84	City	85 Zip Co	xde		
					1	•	FL!!			
11. Pursuant office or n agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m termitiar with, and accept the oblig	02 and 60 of Florid alions of,	07.1508, Florida Statutes, ta. Such change was auth Section 607.0505, Florid	, the at nortzed a Statu	bove- by thes.	named con he corporat	poration submits this statement for the purpose of changing its re- tion's board of directors. I hereby accept the appointment as regis	stered		
SIGNATURE	Signatural typed or printed sums of registered sys		acolicable (NOTE: Re	n del sett	Acert	sioneture (BOUIT	ed when reinstating) DATE		~	
12.	Signatural hypod or prince suggest or registered agent and trend expellicable. (NOTE: R OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	Procedurate -	_	DELETE	1,1 TR	D.E.		Change	Addition	Ξ	
NAME	JOUES T BOOK		LJ DEUETE	1.2 NAME		- 1			4	
15.01#-	TAUR TBOOL)	Decere	1.2 N	WE			}	_ €	
STREET ADDRESS	JAMES J BROW) -c+	Decere			LOORESS		ļ	ZE03	
	JAMES J'BROLL SSZI MEADOW Pin) ect 814	C) DECEME	1.3 ST		ľ			3R2E03	
STREET ADDRESS	JAMES J. BROW 5525 HEAROW Pin Orland TO EX 32) = ct = 819	□ DELETE	1.3 ST	REET A	ľ	☐ Change	Addition	CR2E034 (11/98)	
STREET ADDRESS CITY-ST-ZIP	JAMES J. BROW SSZI METAPOW Pin Orland D. El 32) ect 819		1.3 ST 1.4 CF	reet / IY-ST- ILE	ľ	☐ Change	Addition	CR2E03	
STREET ADDRESS CITY-ST-ZIP TITLE	JAMES J. BROW SSZI MERROW Pin Orland D. El 32) 5819		1.3 ST 1.4 CF 2.1 TO 2.2 NA	REET A TY-ST- TLE WHE	ľ	☐ Change	Addition	. CR2E03	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES J. BROW 5525 MEAROW Pin Orlean DO El 32) ect 819	□ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF	REET/ TY-ST- TLE WAE REET/ TY-ST-	ZIP NDORESS			. CR2E03	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JAMES J. BROW SSZI MEAROW Pin Orlean DO EL 32) 58.19		1.3 ST 1.4 CJ 2.1 TII 22 NA 23 ST 2.4 CJ 3.1 TII	REET / IY-ST- ILE WAE REET / ITY-ST- ILE	ZIP NDORESS	☐ Change	Addition	. CR2E03	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JAMES J. BROW SSZI MEAROW Pin Orland D. El 32) ect 819	□ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 PM 2.3 ST 2.4 CF 3.1 TF 3.2 PM	REET / TUE WASE REET / TY-ST- TUE	ZIP NDORESS -ZIP			. CR2E03	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JAMES J. BROW SSZI MEAROW Pin Orland D. El 32) ect 819	□ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST	REET/ TY-ST- TUE REET/ TY-ST- TUE WEET/	ZIP ADORESS -ZIP ADORESS			. CR2E03	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES J. BROW SSZI MEAROW Pin Orland 10 El 32) ect 819	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST 3.4 CF	REET / TV-ST- TUE REET / TV-ST- TV-ST- TV-ST-	ZIP ADORESS -ZIP ADORESS			CR2E03	
STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE TREET ADDRESS CITY. ST. ZIP TITLE	JAMES J. BROW SS25 MEAROW line Orland 10 El 32) ect 819	□ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST 3.4 CF	REET / IV-ST- IUE REET / IUE REET / IUE REET / ITY-ST- IUE REET / ITY-ST- IUE	ZIP ADORESS -ZIP ADORESS	☐ Change	Addition	CR2E03	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JAMES J. BROW SSZI MEAROW Pin Orland 10 FT 32) ect 819	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST 3.4 CF 4.1 TF 4.2 NA	REET / TV-ST- TUE WHE PREET / TV-ST- TUE REET / TV-ST- PLE	ZIP ADORESS -ZIP ADORESS	☐ Change	Addition	CR2E03	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JAMES J. BROW SSZI MEAROW PIN ONICULO DE 32) sct 819	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST 3.4 CF 4.1 TF 4.2 NV 4.3 ST	TY-ST- TLE TWEET / TY-ST- TLE TY-ST- TY- TY-ST- TY-	ZIP ADDRESS ADDRESS ADDRESS ADDRESS	☐ Change	Addition	CR2E03	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JAMES J. BROW SSZI MERROW Pin Orland 10 FT 32) ect 819	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST 3.4 CF 4.1 TF 4.2 NV 4.3 ST	TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TY-ST- TY-ST-	ZIP ADDRESS ADDRESS ADDRESS ADDRESS	☐ Change	Addition	CR2E03	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES J. BROW SSZI MERROW Pin Orland 10 FT 32) ect 819	DELETE	1.3 ST 1.4 C/I 2.1 TII 2.2 NA 2.3 ST 2.4 C/I 3.1 TII 3.2 NA 3.3 ST 3.4 C/I 4.1 TII 4.2 NV 4.3 ST 4.4 C/I	TREET / ILE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE	ZIP ADDRESS ADDRESS ADDRESS ADDRESS	☐ Change	Addition	CR2E03	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	JAMES J. BROW SS25 MEAROW line Orland 10 El 32) ect 819	DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST 3.4 CF 4.1 TF 4.2 NV 4.3 ST 4.4 CF 5.1 TF 5.2 NV	TREET / TY-ST- TLE THE	ZIP ADDRESS ADDRESS ADDRESS ADDRESS	☐ Change	Addition	CR2E03	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JAMES J. BROW SSZS MEAROW PIN ONICHED DE 32) ect 819	DELETE	1.3 ST 1.4 CT 11 TT 22 NA 2.2 ST 11 TT 2.2 A CT 2.3 ST 3.4 CT 3.4 ST 11 TT 3.2 NA 4.3 ST 4.4 CT 5.1 TT 5.2 NA 5.3 ST 5.4 CT 5.5 ST CT 5.	TY-ST- TUE TY-ST- TY-ST- TY-ST- TY-ST-	ZIP ADDRESS -ZIP ADDRESS ZIP ADDRESS ZIP	Change	Addition Addition	CR2E03	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JAMES J. BROW SSZI MERROW Pin Orland 10 El 32) ect 819	DELETE	1.3 ST 1.4 CT 11 TT 22 NA 2.2 ST 11 TT 2.4 CC 3.1 TT 3.2 NA 4.3 ST 3.4 CC 1.5 1 TT 5.2 NA 5.3 ST 5.4 CC 6.1 TT 5.2 NA 5.3 ST 5.4 CC 6.1 TT 5.5 ST 5.5	TREET / TY-ST- TLE	ZIP ADDRESS -ZIP ADDRESS ZIP ADDRESS ZIP	☐ Change	Addition	CR2E03	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES J. BROW SSZI MERROW Pin Orland 10 FT 32) ect 819	DELETE	1.9 ST 1.4 CP 22 NA 23 ST 2.4 CP 3.1 TF 3.2 NA 3.3 ST 3.4 CP 4.1 TF 5.2 NA 4.5 ST 5.4 CP 5.3 ST 5.4 CP 6.1 TF 6.2 NA 6.2	REET/ TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE	ZIP ADDRESS -ZIP ADDRESS ZIP ADDRESS ZIP	Change	Addition Addition	CR2E03	

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 Charge 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 empowere.

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAD OFFICER OR DIRECTOR