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Secretary of State

08-02-1999 90007 035 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000106950**

1. Corporation Name

FORRESTERS AND WESTMORELAND INC.

Principal Place of Business

8688 NW 27 ST
CORAL SPRINGS FL 33065

Mailing Address

8688 NW 27 ST
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1998

4. FEI Number

65-0890297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 **8688 NW 27 St**
Suite, Apt. #, etc.

22
23 City & State **Coral Springs, FL**
Zip **FL 33065** Country
24 **FL** 25 **BROWARD**

2a. Mailing Address
26 **8688 NW 27 Street**
Suite, Apt. #, etc.

27
28 City & State **Coral Springs, FL**
Zip **33065** Country
29 **FL** 30 **BROWARD**

9. Name and Address of Current Registered Agent

D'OYLEY, MAXCELLE F
8688 NW 27 ST
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

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

83

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

Maxcelle Forrester Doyley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE
NAME **MR Anthony D'Oyley Sr** ☐ DELETE
STREET ADDRESS **8688 NW 27 Street**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12/

1.1 TITLE
1.2 NAME **MR Anthony D'Oyley Sr** ☐ Change ☒ Addition
1.3 STREET ADDRESS **8688 NW 27 St**
1.4 CITY-ST-ZIP **Coral Springs, FL 33065**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

4/28/99 **954**
757-7187

0003025

CR2E034 (11/98)

PA8000106950
SAG573-90007-35

To
FLORIDA DEPARTMENT OF STATE

My name is SORIN POPA and
I am the owner of "SOLEIL WINDOW
TINTING". I declare that I never
received the first notice.

The business is located at
1201 S. Federal Hwy. Dania 33004.
I have been told that I can
send \$ 150 and I will do so.

SORIN POPA

