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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # \$14167

(8)

CRAWFORD GLASS DOOR CO.

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3301 S.W. 13TH DRIVE 3301 S.W. 13TH DRIVE DEERFIELD BEACH FL 33442-8108 3. Date Incorporated or Qualified 3a. Date of 1 1/19/1990 04/15/19		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For	
21 26 65-0238123 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8	Not Applicable 75 Additional	
Le Cortificate of Status Decired DKI To	ee Required	
City & State City & State 6. Election Campaign Financing \$	5.00 May Be	
28 Trust Fund Contribution A Zip Country Zip Country 8. This corporation has liability for intengible tax ur	dded to Fees	
24 25 29 30 Florida Statutes Yes No	1081 5, 199.032,	
g, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent		
WELBAUM, R. EARL		
901 PONCE DE LEON BLVD. PENTHOUSE SUITE 82 Street Address (P.O. Box Number is Not Acceptable)	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33134-3009		
84 City - 85	Zip Code	
	oing its registered	
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 change of registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of the appointment of the purpose of the purpos	ont as registered	
SIGNATURE		
Signature, typed or printed name of registered agent and title if applical to. (NOTE: Registered Agent signature required when reinstating) DATE	CTORC IN 10	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN DELETE 1.1 TITLE		
NAME CRAWFORD, RALPH E. 1.2 NAME		
STREET ADDRESS 3301 S.W. 13TH DR. 1.3 STREET ADDRESS		
CITY-ST-ZIP DEERFIELD BEACH FL	nange Addition	
NAME BARBER, KATHLEEN A. 22 NAME	large	
STREET ADDRESS 12302 N.W. 30TH MANOR 23 STREET ADDRESS		
CITY-ST-ZIP SUNRISE FL 2.4 CITY-ST-ZIP		
TITLE D DELETE 31 TITLE	nange [_] Addition	
NAME GOFFAR, DENNIS L. STREET ADDRESS 1147 S.W. 149 LN 3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP SUNRISE FL 34.CITY-ST-ZIP		
TITLE DELETE 4.1 TITLE CI	nange 🔲 Addition	
NAME 4.2 NAME		
STREET ADDRESS 4.3 STREET ADDRESS		
CITY-SI-ZIP 4.4 CITY-SI-ZIP TITLE DELETE 5.1 TITLE □ CI	nange Addition	
NAME 5.2 NAME		
STREET ADDRESS 5.3 STREET ADDRESS		
CITY-ST-ZIP 54 CITY-S1-ZIP	F (4.140)	
TITLE DELETE 6.1 TITLE	nange [] Addition	
: NAME 6.2 NAME :STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS		
OS STANCES COUNTRY TARREST CONTRACT CON		

14. I do 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.