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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

A & B SHELL AND CARPENTRY, INC.

FILED May 07 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address						1991/204 410 11801 11912 Pitti 74010 1011 21811 81911 91911 81	JIC 818() 8(3)7 (88)		
2139 UNIVERSITY DRIVE 2139 UNIVERSITY DRIVE									
SUITE 361 CORAL SPRINGS FL 33071			SUITE 361 CORAL SPRINGS FL 33071				DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	
COMMIL OF N	NGS FE 330/1	CONF	C SEMINOS FE	330/1			3. Date Incorporated or Qualified		
							12/11/1990		
2. Principal Pla	ice of Business	2a. Mail	ng Address				4. FEI Number	Applied For	
21		26					65-0232311	Not Applicable	
Suite, Apt #	, etc	Sule	. Apt. #, etc.				5 Contificate of Status Desired S8.7	5 Additional	
22		27			<u> </u>	···-	Fed	e Required	
City & State		} -¬ ´	City & State					00 May Be	
23		[28]		1 0				ed to Fees	
 -	Zip Country		Ziţi Country		y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
14	25 9. Name and Address of Current	29 Registered	Agent	[30]			10. Name and Address of New Registered Agent		
DO					81	Name			
	ice, martin 39 University Dr.				<u> </u>				
	ORAL SPRINGS FL 33071				82	Street /	t Address (P.O. Box Number is Not Acceptable)		
O.	MAL SEMMOS PL SSOFT				83	 			
						ļ			
					84	City	FI 85 3	Zip Code	
SIGNATURE E	ligrature typical or product made of registerior agent OFFICERS AND		atu (ÑC	ITE Registe		ent signature	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 12	
TITLE	PS OF FIGURE 2 AND 2	Day C.O.	DELETE		TITLE			nge Addition	
NAME	PRICE, MARTIN		—		NAME		_	_	
STREET ADDRESS	2139 UNIVERSITY DR. #361			1.3	STREET	T ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			1.4	CITY-S	S1 · ZIP			
TITLE	VP	DELETE			2 1 TITLE		Char	nge 🔲 Additio	
NAME	Gabnon, Robert			2.2	NAME				
STREET ADDRESS	2139 UNIVERSITY DR. #361			2.3	STREET	T ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			2.4	4 CITY -	S1 - ZIP			
TITLE	VP		☐ DELETE		TITLE		L Char	nge 🔲 Additio	
NAME	SAVAL, MARC				NAME				
STREET AODRESS	2139 UNIVERSITY DR. #361					ADDRESS			
CITY-S1-ZIP	CORAL SPRINGS FL		DELETE	+_	TITLE	S1 - ZIP	Char	nge 🔲 Addition	
NAME					NAME		C Char	- L. 100/10/	
STREET ADDRESS						T ADDRESS			
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NAME				52	NAME				
STREET ADDRESS				53	STREET	ADDRESS			
CITY-ST-ZIP				54	CITY - S	S1 - ZIP			
TITLE			DELETE	61	TITLE		☐ Char	nge 🔲 Addition	
NAME				62	NAME				
STREET ADDRESS				63	STREET	ADDRESS			

14. I hereby cortify 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 eath; 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