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FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90043 011 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S21679

1. Corporation Name

A & B SHELL AND CARPENTRY, INC.

Principal Place of Business

2139 UNIVERSITY DRIVE
SUITE 361
CORAL SPRINGS FL 33071

Mailing Address

~~2139 UNIVERSITY DRIVE~~
~~SUITE 361~~
~~CORAL SPRINGS FL 33071~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1990

4. FEI Number

65-0232311

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

750

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

Country

24

2a. Mailing Address

26 **4800 N. Federal Hwy.**
Suite, Apt. #, etc.

27 **Suite 307B**
City & State

28 **Boca Raton, FL**
Zip

29 **33431**

Country

30 **USA**

9. Name and Address of Current Registered Agent

PRICE, MARTIN
2139 UNIVERSITY DR.
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name **CAP Service CORP.**
82 Street Address (P.O. Box Number is Not Acceptable)
4800 N. Federal Highway
83 **Suite 307-B**
84 City **BOCA RATON** FL 85 Zip Code **33431**

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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

[Signature]
Signature of the person named as registered agent, or the person named as registered agent.

[Signature]
(NOT a Registered Agent signature required when reinstating)

DATE

4/24/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PS**
STREET ADDRESS **PRICE, MARTIN**
CITY-ST-ZIP **2139 UNIVERSITY DR. #361**
CORAL SPRINGS FL

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **GABNON, ROBERT**
CITY-ST-ZIP **2139 UNIVERSITY DR. #361**
CORAL SPRINGS FL

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **SAVAL, MARC**
CITY-ST-ZIP **2139 UNIVERSITY DR. #361**
CORAL SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99
Date

954 344-7777
Daytime Phone #

CR2E034 (11/98)