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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

04-29-1999 90043 011 ***150.00

DOCUMENT # **S21679** 1. Corporation Name

A & B SHELL AND CARPENTRY, INC.

Principal Place	e of Business	Mailing Address				INTERNATION DIEN DIEN DI	DII QEDEN DISHI IDBE
2139 UNIVERSITY DRIVE		\$139xUNIVERSITY RAVE:					
SUITE 361		%₩™, %%		DO NOT WO	ITE IN THE COACE		
CORAL SPRINGS FL 33071		%994kx689kV6 \$xF x \$397;x		DO NOT WRITE IN TH S SPACE 3. Date Ir corporated or Qualified			
					12/11/1990	•	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		App ied For
21		26 4800 N. F	der	al Hwv.	65-0232311		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional	
22		27 Suite 307B		5. Certificate of Status Besides	Fee	Required	
City & S ate		City & State		6. Electio i Campaign Financing		00 May Be	
23		28 Boca Raton			Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip		untry 	8. This corporation owes the cur	rent year Intangible Yes	⊣ 851₀
24	25 9. Name and Address of Curren		30	USA	Personal Property Tax. 10. Name and Address of New		
	g. Name and Address of Curren	t Negistered Agent		81 Name			
PFIC	E, MARTIN			C-1			
2139 UNIVERSITY DR.				82 Street Acdi	ress (P.O. Box Number is Not Accept	ltequwater	
CORAL SPRINGS FL 33071				83	70)-R		
				84 City	507-5	85 2	Zip Code,
		_ /	,	Bock	2 RHYON	FL 1º	33 <i>43</i> /
							ite ragistared
11. Pursuant	to the provisions of Sc ctions 607.050	2 and 607,1808, Florida Statulo	es, the a	bove-named corp	poration submits this statement for the	e purpose of changing ent the appointment a	s rea stered
11. Pursuant office crreagent. La	to the provisions of Sections 607.050 egistered agent of both, in the state of familiar with, and accept the obliga-	2 and 607, 1808, Florida Statuli of Florida: Such change was a fions of Section 607,0805, Flori	es, the a uthorize rida Stat	above-named corp d by the corporation tutes.	poration submits this statement for the ion's board of clirectors. I hereby acce	e purpose of changing opt the appointment a	s reg stered
11. Pursuant office or re agent. La SIGNATURE	-//1/11/ ! -/ 1	//////////////////////////////////////	's; lui	r CAP!	MICLE CORPORTION	4/1479	s reg stered
SIGNATURE	Signature whether the name of egistered age	(NOT	S; Luci Registered	above-named corporation to the c	of when reinstating)	DATE	
SIGNATURE	Signature Application of the control	//////////////////////////////////////	's; lui	1 Agent signature require	MICLE CORPORTION	DATE	CTOF:S IN 12
SIGNATURE 12. TITLE	Sylven de State of the State of	(NOT	Registered 13.	1 Agent signature require	of when reinstating)	DATE FICERS AND DIRECT	CTOF:S IN 12
SIGNATURE 12. TITLE NAME	PS PRICE, MARTIN	(NOT	75; Leci Registered 13. 1.1 T 1.2 N	1 Agent signature require	of when reinstating)	DATE FICERS AND DIRECT	CTOF:S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	PS PRICE, MARTIN 2139 UNIVERSITY DR. #361	(NOT	13. 1.1 Ti 1.2 N 1.3 S	d Agent signature require	of when reinstating)	DATE FICERS AND DIRECT	CTOF:S IN 12
SIGNATURE 12. TITLE NAME	PS PRICE, MARTIN	(NOT	13. 1.1 Ti 1.2 N 1.3 S	I Agent signature require ITLE AME TREET ADDRESS	of when reinstating)	DATE FICERS AND DIRECT	CTOF:S IN 12 ge Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PRICE, MARTIN 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL	(NOT E	13. 1.1 Tl 1.2 N 1.3 S 1.4 C	I Agent signature require ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE	of when reinstating)	DATE FICERS AND DIRECT	CTOF;S IN 12 ge Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PS PRICE, MARTIN 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP GABNON, ROBERT	(NOT E	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N	I Agent signature require ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE	and when reinstating)	DATE FICERS AND DIRECT	CTOF;S IN 12 ge Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PS PRICE, MARTIN 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP GABNON, ROBERT	(NOT E	13. 1.1 Tl 1.2 N 1.3 S 1.4 C 2.1 Tl 2.2 N 2.3 S	I Agent signature require	and when reinstating)	DATE FICERS AND DIRECT	CTOF:S IN 12 ge Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PS PRICE, MARTIN 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP GABNON, ROBERT 2139 UNIVERSITY DR. #361	(NOT E	13. 1.1 Tl 1.2 N 1.3 S 1.4 C 2.1 Tl 2.2 N 2.3 S	I Agent signature require ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE IAME TREET ADDRESS CITY-ST-ZIP	and when reinstating)	DATE FICERS AND DIRECT	CTOF:S IN 12 ge Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PRICE, MARTIN 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP GABNON, ROBERT 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL	DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C	I Agent signature requires ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE IAME TREET ADDRESS CITY-ST-ZIP ITLE ITREET ADDRESS	and when reinstating)	DATE FICERS AND DIRECT	CTOF:S IN 12 ge Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	PS PRICE, MARTIN 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP GABNON, ROBERT 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP SAVAL, MARC	DELETE	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N	I Agent signature requires ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE IAME TREET ADDRESS CITY-ST-ZIP ITLE ITREET ADDRESS	and when reinstating)	DATE FICERS AND DIRECT	CTOF:S IN 12 ge Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PS PRICE, MARTIN 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP GABNON, ROBERT 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP SAVAL, MARC	DELETE	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C	I Agent signature requires ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS DITY-ST-ZIP ITLE ITL	and when reinstating)	DATE FICERS AND DIRECT Char	CTOF:S IN 12 ge Addition ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	PS PRICE, MARTIN 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP GABNON, ROBERT 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP SAVAL, MARC 2139 UNIVERSITY DR. #361	DELETE	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 Ci 3.1 Ti 3.2 Ni 3.3 Si 3.4 Ci 4.1 Ti 4.2 Ci 4.2 C	I Agent signature require	and when reinstating)	DATE FICERS AND DIRECT	CTOF:S IN 12 ge Addition ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PRICE, MARTIN 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP GABNON, ROBERT 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP SAVAL, MARC 2139 UNIVERSITY DR. #361	DELETE	2.1 Ti 22 N 2.3 S 2.4 G 3.1 Ti 32 N 3.3 S 3.4 G 4.1 Ti 4.2 I	I Agent signature require	and when reinstating)	DATE FICERS AND DIRECT Char	CTOF:S IN 12 ge Addition ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PS PRICE, MARTIN 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP GABNON, ROBERT 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP SAVAL, MARC 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL	DELETE	2.1 Ti 22 N 2.3 S 2.4 G 3.1 Ti 32 N 3.3 S 3.4 G 4.1 Ti 4.2 I	I Agent signature require	and when reinstating)	DATE FICERS AND DIRECT Char	CTOF:S IN 12 ge Addition ge Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PRICE, MARTIN 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP GABNON, ROBERT 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP SAVAL, MARC 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL	DELETE DELETE	23 S	Agent signature require	and when reinstating)	DATE FICERS AND DIRECT Char	CTOF:S IN 12 ge Addition age Addition age Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	PS PRICE, MARTIN 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP GABNON, ROBERT 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP SAVAL, MARC 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL	DELETE	2.1 Ti 22 N 2.3 S 2.4 G 3.1 Ti 32 N 3.3 S 3.4 G 4.1 Ti 4.2 P 4.3 S 4.4 G 5.1 Ti 6.5 Ti 7.5 Ti	I Agent signature require	and when reinstating)	DATE FICERS AND DIRECT Char	CTOF:S IN 12 ge Addition age Addition age Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PRICE, MARTIN 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP GABNON, ROBERT 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP SAVAL, MARC 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL	DELETE DELETE	21 Ti 22 N 23 S 24 C 31 Ti 4 2 P 43 S 44 C 51 Ti 52 N	ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS CITY-ST-ZIP ITLE IAME TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS	and when reinstating)	DATE FICERS AND DIRECT Char	CTOF:S IN 12 ge Addition age Addition age Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	PS PRICE, MARTIN 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP GABNON, ROBERT 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP SAVAL, MARC 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL	DELETE DELETE	21 Ti 22 N 3.3 S 3.4 C 41 Ti 4.2 N 4.3 S 4.4 C 5.1 Ti 5.2 N 5.3 S	ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE IAME TREET ADDRESS	and when reinstating)	DATE FICERS AND DIRECT Char	CTOF:S IN 12 ge Addition age Addition age Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PRICE, MARTIN 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP GABNON, ROBERT 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP SAVAL, MARC 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL	DELETE D	21 Ti 22 N 23 S 24 C 21 Ti 32 N 33 S 34 C 41 Ti 42 N 43 S 44 C 51 Ti 52 N 53 S 54 C 55 Ti 75 Ti	ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS CITY-ST-ZIP ITLE TREET ADDRESS CITY-ST-ZIP ITLE AME TREET ADDRESS CITY-ST-ZIP ITLE AME TREET ADDRESS CITY-ST-ZIP ITLE AME TREET ADDRESS	and when reinstating)	DATE FICERS AND DIRECT Char	cTOF:S IN 12 ge
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	PS PRICE, MARTIN 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP GABNON, ROBERT 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL VP SAVAL, MARC 2139 UNIVERSITY DR. #361 CORAL SPRINGS FL	DELETE DELETE	21 Ti 22 N 3.3 S 3.4 C 41 Ti 4.2 N 4.3 S 4.4 C 5.1 Ti 5.2 N 5.3 S	ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE IAME TREET ADDRESS	and when reinstating)	DATE FICERS AND DIRECT Char	cTOF:S IN 12 ge

CITY-ST-ZIP 14. I herety 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 enhowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charges, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE