**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # \$48367**

i. Corporation								
ADVANC	ED DOORS, INC.							
			,			<u> </u>		
Principal Place of Business Mailing Address								
2930 MAINE AVENUE 2930 MAINE AVENUE								
POST OFFICE BOX 2432 POST OFFICE BOX 2432						DO NOT WRITE IN	THIS SPACE	
EATON PARK FL 33840 EATON PARK FL 33840						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
US US						04/25/1991		
Principal Place of Business     2a. Mailing Address						4. FEI Number		plied For
	ace of Business	— ·	idress			59-3071751	<u> </u>	t Applicable
21	26 Suite, Apt. #, etc.					38-307 17.51	\$8.75 A	
					•	5. Certificate of Status Desired	Fee Re	I .
22	<u>در مورد که همکند دارد و ایران فرست در درده کشید در درد.</u> در	27 City & Sta	<u>ے۔ یہ میں میں میں میں اور میں .</u> te			6. Election Campaign Financing	\$5.00	May Bo
¬,						Trust Fund Contribution	Added to	•
Zip	Country	Zip	Co	ountry	,	8. This corporation owes the current ye	ar Intangible	
24	25	29	30	•		Personal Property Tax.	Yes	<u>□</u> 1√0
24	9. Name and Address of Currer					10. Name and Address of New Regist	ered Agent	
			-	81	Name			{
STEPHENS, BARRY				82	Stroot Addr	ess (P.O. Box Number is Not Acceptable)		—— <del>-</del> -
3510 CONINE DR.				62	Officer Addition	ess (F.O. Box Number is Not Acceptable)		
WIN	rer haven fl 33881			83				
				104	011		85 Zip 0	
·								
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, F	orida Statutes, the	above	e-named corp	oration submits this statement for the purpo	se of changing its	registered
	egistered agent, or both, in the State m familiar with, and accept the obliga					on's board of directors. I hereby accept the	appointment as re	gistered
ļ	m familiar with, and accept the obliga	ations or, section of	77.0505, 1 lolida 50	atutes				Į
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Register	red Ager	nt signature require			
12.	OFFICERS AF	ND DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFICER		
TITLE	VP ·		DELETE 1.1	TITLE			☐ Change	☐ Addition
NAME	STEPHENS, JOYCE		1.2	NAME				
STREET ADDRESS	3510 CONINE DR.		1.3	STREE	TADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL		1.4	CITY-S	T-ZIP			
TITLE	P. □ DELETE		TTLE		:	☐ Change	☐ Addition	
NAME	BARRY STEPHENS		2.2	NAME	Ì			Ì
STREET ADDRESS	3510 CONINE DR.		2.3	STREE	TADDRESS	·		
CITY-ST-ZIP.	WINTER HAVEN FL			4 CITY-S	ST- ZIP	and the second of the second o		<del></del> _
TITLE		Ē.	DELETE 3.1	TITLE		•	☐ Change	☐ Addition
NAME			3.2	NAME				
STREET ADDRESS			3.3	STREE	TADDRESS			
CITY-ST-ZIP				.CITY-S	ST-ZIP			
TITLE		Ę	DELETE 4.1	TITLE	1	•	Change	☐ Addition
NAME			4. 2	2 NAME		•		•
STREET ADDRESS	· ·		4.3	STREE	TADDRESS			
CITY-ST-ZIP	·			CITY-S	T-ZIP			F 1 4 4 2 2 2 -
TITLE				TITLE			☐ Change	Addition
NAME				NAME				
STREET ADDRESS			5.3	STREE	TADDRESS	•	•	
CITY-ST-ZIP				CITY-S	ST-ZIP			
TITLE		C	3 020212	TITLE			☐ Change	Addition
NAME			6.2	NAME	I			

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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90046 027 \*\*\*150.00