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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **\$57238**

DAVID W. STONE CUSTOM FINISHES, INC.

DAVID VI	TOTAL GOOTOM FINION								
Principal Place	of Business	Mailing Address							
181 ISLAND WAY W PALM BEACH FL 33413		181 ISLAND WAY W PALM BEACH FL 33413	3			DO NOT WE	OFF IN THIS	CDACE	
U\$ U\$					DO NOT WR  3. Date incorporated or Qualifect		SPACE		
					-	06/03/1991	,	; ,	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	plied For
21		26				65-0317668	-		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 / Fee Re	I
City & State	e	City & State				6. Election Campaign Financing	' <sub>□</sub>	\$5.00	May Be
23		28				Trust Fund Contribution		Added 1	o Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the cu	πent year in	tangible	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New	Registered	Agent	
			ļ	81	Name	•			
	NE, DAVID W.	:	}	82	Street Addre	ess (P.O. Box Number is Not Accep	table)		
181	ISLAND WAY		ĺ	-	Olicot Addio	(1.5. Dox Hambor to Horrisosp	endo en en	ann a said in Ant	
W P	ALM BEACH FL 33413			83					
				84	City		EI	85 Zip (	Code
		00 1 007 4500 Ftid- Ct-t-	on the ob		named same	protion cultimite this statement for the			
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations to be seen of the state of	of Florida. Such change was a ations of, Section 607.0505, Flo	uthonzed orida Statu	by th tes.	he corporation	n's board of directors. I nereby acco	e purpose of ept the appo	intment as re	gistered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	of Florida. Such change was a ations of, Section 607.0505, Florida and title if applicable.  (NOTI	orida Statu Registered	by th tes.	he corporation	n's board of directors, i nereby acco	DATE	intment as re	gistered
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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 comparation 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 adgress, with all other like empowered. CITY-ST-ZIP

SIGNATURE: