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

**CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT #

**FILED** Mar 09 1998 8:00am Secretary of State

1. Corporation Name										
BUILDING RESTORATION SYSTEMS, INC.								£ 40 8+1610 110 1810£ 1111\$1 1811\$ 14010 0111 11	18:1 B1811 B18:1 81811 B1	10 41812 1881
Principal Place of Business Mailing Address								- 1 INDALINA AID IDIDI DIIEL IDAIR IIDIE DIIX DI	EBIJ WEDII BIDII DIDII WI	
406 RACE TRACK ROAD NORTH 406 RACE TRACK ROAD NO										
OLDSMAR FL 34877 OLDSMAR FL 34677 US US								DO NOT WRITE IN THIS SPACE		
•			•					3. Date Incorporated or Qualified		
								11/19/1991		
2. Principal Pl	lace of Busin	ess	} <sub>1</sub>	2a. Mailing Address				4, FEI Number		pplied For
Suite, Apt. a	#. etc.		26 Suite	Suite, Apt. #, etc.				59-3105912	60.75	lot Applicable Additional
22			27	27				5. Certificate of Status Desired	, , , ,	tequired
City & State	э		City	City & State				6. Election Campaign Financing		May Be
23			28							to Fees
Zip	Country 25		Zip 29	<b>├──</b>		30		<ol> <li>This corporation owes or has paid Personal Property Tax due June 30</li> </ol>		ntangible   
24	9. Name and Address of Currer			11		301		10. Name and Address of New Regis		
GOI	NZALES, L			<u> </u>	8	Name				
6645 RIDGE RD					82	Street	Addres	ss (P.O. Box Number is Not Acceptable	<u> </u>	
PORT RICHEY FL 34668						<u> </u>	·			
					83	<b>'</b>				
						City			FL 85 Zip	Code
11. Pursuant t	to the provisi	ons of Sections 607.	0502 and 607.15	08, Florida Statut	es, the abo	/e-named	corpo	ration submits this statement for the pur		its registered
office or re agent. I ar	e <b>giste</b> red age m <b>fam</b> iliar wit	ent, or both, in the S h, and accept the o	tate of Florida St bligations of Sec	ıch change was tion 607.05 <b>05</b> , Fl	authorized b orida Statute	y the cor; ss.	poratio	ration submits this statement for the pur n's board of directors. I hereby accept t	the appointment a	s registered
SIGNATURE										
12.	Signature, typed o	or printed name of registore	d agent and title if appli AND DIRECTOR		E: Registered A	gent signature		t when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE BS AND DIRECTO	BS IN 12
TITLE	D				1.1 TITLE		0	smood of Garages to officer smood of Garages of Race Track Rol. 1 Oldsman Ph. 3467		☐ Addition
NAME	RESMON	IDO, GARY W			1.2 NAME		25	smordo GARY OD	vanish.	
STREET ADDRESS 5042 CROSS POINTE DR.				1.35			40	4 RACE TRACK HER.		
CITY-ST-ZIP	OLDSMA	R FL			1.4 CiTY-	ST-ZIP	· C	idsman 14, 3467	7	
TITLE				☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME					2.2 NAME					
STREET ADDRESS				· ·		T ADDRESS				İ
CITY-ST-ZIP TITLE				☐ DELE <b>TE</b>	2. 4 CITY 3.1 TITLE	SI-ZIP	<del></del>		☐ Change	Addition
NAME					3.2 NAME				•	
STREET ADDRESS	T ADDRESS					3.3 STREET ADDRESS				
CITY-ST-ZIP					3.4. CITY-	ST-ZIP				
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STREET ADDRESS					4.3 STREE	T ADDRESS				
CITY-ST-ZIP				Decent	4.4 CITY-	ST-ZIP	ļ		Channe	Addition
TITLE				DELETE	5.1 TITLE				L Change	☐ Addition
NAME CAREET ADDRESS					5.2 NAME					
STREET ADDRESS					5.4 CITY-	T ADDRESS				
CITY-ST-ZIP TITLE				DELETE	6.1 TITLE	ni-th.			☐ Change	☐ Addition
NAME					6.2 NAME				_ •	
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CITY-ST-ZIP					6.4 CITY-		L	•		
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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.