FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # S9667	7 (7)				
CONTR	ACT DOORS AND HARDW	ARE, INC.			# HEGILEREN (12 MENTO 2014) ONTO 1020 F	TERK BYRNI RYENI DIGU BYRNY DIRNY BYRNY DARA
Principal Place	of Business	Maling Address				
6451 EAST ROGERS CIRCLE BOCA RATON FL 33487		6451 EAST ROGERS CIRCLE BOCA RATON FL 33487				
					3. Date Incorporated or Qualified 11/26/1991	3a. Date of Last Report 05/23/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0295141	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Crty & State		Orty & State		6. Election Campaign Financing	\$5 00 May Bo	
Zip Country		28 Zip	Country		Trust Fund Contribution	Added to Fees
24	25	29	Country 30		This corporation has liability for intangible tax under s 199,032. Florida Statutes	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	
			81	Name		
				Street Add	dress (P.O. Box Number is Not Acceptab	ile)
6451 EAST ROGERS CIRCLE BOCA RATON FL 33487						
DUCA KA	AIUN FL 3348/					
			84	1		FL 85 Zip Code
	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti			named corpo poration's boa	oration submits this statement for the pur aird of directors. Thereby accept the appo	pose of changing its registered office pintment as registered agent. I am
SIGNATURE	Styriatore, typen or protect name of my stered agost	and the control of th	SIE Registered Age	an a said a		and the second s
12.	OFFICERS AND DIRECTORS		13.	ra signature regulir	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
THLE	D DELETE		1 1 TillE			☐ Change ☐ Addition
NAME	MOORE, MOSES		1.2 NAME	İ		
STREET ADDRESS	6451 EAST ROGERS CIR.			LADDRESS		
CITY - ST - ZIP TITLE	BOCA RATON FL	DELETE	2 1 TITLE	ST ZIF		
NAME		E3 perce	22 NAME			Change C Addition
STREET ADDRESS			1	I ADDRESS		
CITY-S1-ZIP			2.4 CITY -			
TITLE		DELETE	ETE 3.1 DILE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY - 5 4.1 TITLE	SE-ZIP		Change Addition
NAME			4.2 NAME			Clousings S Manitori
STREET ADDRESS				LADORESS		
CITY - ST - ZIP			4.4 CH r - 5	ST - ZIP		
1)TLE		DELETE	DELETE 5 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET			
CITY - ST - ZIP TITLE			5.4 C(TY - ST - ZIP 6.1 T(TLE			Change C Addutes
NAME		- present	6.2 NAME			☐ Change ☐ Addition
STREET ADDRESS			6.3 STFEET	ADDRESS		
CITY-ST-ZIP			6.4 CHTV - 5	ST - ZIP		
14. I do hereby	certify that the information supplied v	Ath this filing is voluntarily furn	ished and doe	s not qualify	for the exemption stated in Section 119.0	07/3//k) 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 5-30-96 407-997-9888

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR