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

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 18 1998 8:00am Secretary of State

1. Corporation	MENT # \$96677 ACT DOORS AND HARDWAI	` '			
Principal Place of Business		Mailing Address		} I TOOKIDIO KUU LULIKA OLKIKA ONISI HOOMI OUGIKAN	BUL ĐIĐIT ĐIĐIT BIBUL BIBULIEBI
6451 EAST ROGERS CIRCLE		6451 EAST ROGERS CIRC	n e		
BOCA RATON FL 33487		BOCA RATON FL 33487		DO NOT WORT IN THE	0.00105
1				DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE
				1 '	
2. Principal P	lace of Business	2a, Mailing Address		11/26/1991 4. FE! Number	Applied For
21		26		65-0295141	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	······································	5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	o	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zips	Country	Zip	Country	8. This corporation owes or has paid the o	
24 .	25]	29	30	Personal Property Tax due June 30.	Y Yes No
Name and Address of Current Registered Agent Name and Address of Current Registered Agent Name and Address of Current Registered Agent				10. Name and Address of New Registere	d Agent
" CROMPTON, BRADFORD J					
10447 GREENWICH CT., E.		82 Street Add		ress (P.O. Box Number is Not Acceptable)	
l BO	CA RATON FL 33428		83		
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature types or protect have confused agent and the displaced agent agent and the displaced agent agen					
TITLE	D	DELFTE	1.1 TITLE	1.00(1.01)	Change Addition
NAME	MOORE, MOSES		1.2 NAME		
STREET ADDRESS	6451 EAST ROGERS CIR.		1.3 STREET ADDRESS		
CITY-ST-2IP	BOCA RATON FL		1.4 CHY+ST+ZIP		
TITLE	D	☐ DELETE	2.1 THLE		Change Addition
NAME	CROMPTON, BRADFORD J		2.2 NAME		
STREET ADDRESS	10447 GREENWICH CT., E.		2.3 STREET ADDRESS		
CITY-ST-ZiP	BOCA RATON FL 33428	DELETE	2. 4 City - St - ZiP		Change Addition
TITLE NAME	D Gross, Haim	☐ nere it	31 TIFLE 32 NAME		Claude Clauding
STREET ADDRESS	SHOSHANCET HACARMEL 30		3.3 STREET ADDRESS		
CITY-ST-ZIP	HAIFA 34321 ISRAEL		3.4. City - ST - ZIP		
TITLE	7 W 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STRELT ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP		□ priete	5 4 CITY-ST-ZIP		Ohanna Addis
TITLE		☐ DELETE	61 THE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY+S1+ZIP		

14. Thereby 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 eath; 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