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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## S96677 DOCUMENT #

1. Corporation Name

CITY-ST-ZIP

CONTRACT DOORS AND HARDWARE, INC.

| Principal Place             | e of Business   | Mailing Address   |                   |                        |   |              |                             |              |  |
|-----------------------------|---|---|-------------------|------------------------|---|--------------|-----------------------------|--------------|--|
| 6451 EAST ROGERS CIRCLE     |   | 6451 EAST ROGERS CIRCLE   |                   |                        |   |              |                             |              |  |
| BOCA RATON F                | FL 33487  | BOCA RATON FL 33487   |                   |                        | DO NOT WRIT                               | E IN THIS    | SPACE                       |              |  |
|                             |   |   |                   |                        | 3. Date Incorporated or Qualifed          | C 114 11 110 | OI AOL                      |              |  |
|                             |   |   |                   |                        | 11/26/1991                                |              |                             |              |  |
|                             |   | D. Mailing Address  |                   |                        | 1 1/20/199 1<br>4. FEI Number             |              | Δn                          | plied For    |  |
| <u> </u>                    | ace of Business   | 2a. Mailing Address   |                   |                        |   |              |                             | t Applicable |  |
| 21                          |   | 26  |                   |                        | 65-0295141                                |              |                             |              |  |
| Suite, Apt. #, etc.         |   | Suite, Apt. #, etc.   |                   |                        | 5. Certifcate of Status Desired           |              | \$8.75 A<br>Fee Re          |              |  |
| 22                          |   | 27  |                   |                        |   |              |                             |              |  |
| City & State                |   | City & State  |                   |                        | 6. Election Campaign Financing            |              | \$5.00 May Be Added to Fees |              |  |
| 23                          |   | Zip Country   |                   |                        | Trust Fund Contribution                   |              |                             | o rees       |  |
| Zip                         | Country   | <b>—</b>  | ountr             | y                      | 8. This corporation owes the curre        | nt year Inta | ingible<br>Yes              | □No          |  |
| 24                          | 25  | 29 30   |                   |                        | Personal Property Tax.                    |              |                             |              |  |
|                             | 9. Name and Address of Current  | Registered Agent  | 81                | II Nome                | 10. Name and Address of New Ro            | egisterea A  | Agent .                     |              |  |
| CDO                         | MOTON PDADEODD I  |   | 61                | Name                   |   |              |                             |              |  |
|                             | MPTON, BRADFORD J   |   | 82 Street Addre   |                        | ess (P.O. Box Number is Not Acceptate     | oie)         |                             |              |  |
|                             | 7 GREENWICH CT., E.   |   |                   |                        | · · ·                                     |              |                             |              |  |
| BUU                         | A RATON FL 33428  |   | 83                | <b>3</b>               |   |              |                             |              |  |
|                             |   |   | 84                | City                   |   |              | 85 Zip (                    | Code         |  |
|                             |   |   |                   | 1                      |   | FL           | 1 1                         |              |  |
| 11. Pursuant                | to the provisions of Sections 607.0502  | and 607.1508, Florida Statutes, th  | abov              | e-named corpo          | oration submits this statement for the p  | surpose of o | changing its                | registered   |  |
| office or re<br>agent. I ar | egistered agent, or both, in the State of<br>m familiar with, and accept the obligation | t Florida. Such change was authori<br>ons of, Section 607.0505, Florida S | zea by<br>tatute: | / tne corporatio<br>s. | on's board of directors. I flereby accept | trie appoin  | itilielit as rej            | gistered     |  |
|                             |   |   |                   |                        |   |              |                             |              |  |
| SIGNATURE                   | Signaturo, syposi or principa ranno or rogioni ad agent i                               | and title if applicable. (NOTE: Regist                                    | ered Age          | ent signature required | d when reinstating)                       | DATE         |                             |              |  |
| 12.                         | OFFICERS AND  |   | 3.                |                        | ADDITIONS/CHANGES TO OFF                  | ICERS AN     |                             |              |  |
| TITLE                       | D   | ☐ DELETE 1  | 1 TITLE           |                        |   |              | Change                      | Addition     |  |
| NAME                        | MOORE, MOSES  | 1   | 2 NAME            |                        |   |              |                             |              |  |
| STREET ADDRESS              | 6451 EAST ROGERS CIR.   | 1   | 3 STREE           | ET ADDRESS             |   |              |                             |              |  |
| CITY-ST-ZIP                 | BOCA RATON FL   | 1   | 4 CITY-           | ST-ZIP                 |   |              |                             |              |  |
| TITLE                       | D   | ☐ DELETE 2  | 1 TITLE           |                        |   |              | ☐ Change                    | ☐ Addition   |  |
| NAME                        | CROMPTON, BRADFORD J  | 2   | 2 NAME            |                        |   |              |                             |              |  |
| STREET ADDRESS              | 10447 GREENWICH CT., E.   |   |                   | ET ADDRESS             |   |              |                             |              |  |
|                             |   |   | 4 CITY-           |                        |   |              |                             |              |  |
| CITY-ST-ZIP<br>TITLE        | D DOOR HATCH TE 30420   |   | 1 TITLE           | 31-217                 |   | -            | Change                      | Addition     |  |
| 1                           | - <del>-</del>  | <b>/</b> -  | 32 NAME           |                        |   |              |                             | _            |  |
| NAME                        | GROSS, HAIM   |   |                   | ET ADDRESS             |   |              |                             |              |  |
| STREET ADDRESS              |   |   |                   |                        |   |              |                             |              |  |
| CITY-ST-ZIP                 | HAIFA 34321 ISRAEL  |   | 4, CITY-          | \$1-ZIP                |   |              | Change                      | Addition     |  |
| TITLE                       | 5   | _   | 1 TITLE           |                        |   |              | u.J Chango                  |              |  |
| NAME                        | Tamara Moore  |   | 2 NAME            | i                      |   |              |                             |              |  |
| STREET ADDRESS              | BECK PATON FI   | LECLE 4   |                   | ET ADDRESS             |   |              |                             |              |  |
| CITY-ST-ZIP                 | BECK KATON FI   |   | 4 CITY-           | ST-ZIP                 |   |              | Chanc-                      | □ Addition   |  |
| TITLE                       |   |   | 1 TITLE           |                        |   |              | ☐ Change                    | Addition     |  |
| NAME                        |   |   | 2 NAME            | ĺ                      |   |              |                             |              |  |
| STREET ADDRESS              |   |   |                   | ET ADORESS             |   |              |                             |              |  |
| CITY-ST-ZIP                 |   |   | 4 CITY-           | ST-ZIP                 |   |              |                             |              |  |
| TITLE                       |   | ☐ DELETE 6  | 1 TITLE           |                        | _   |              | ☐ Change                    | ☐ Addition   |  |
|                             |   |   | 2 NAME            | - 1                    |   |              |                             |              |  |
| NAME                        |   | <b>I</b> *  | Z IVAME           |                        |   |              |                             |              |  |

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

64 CITY-ST-ZIP

SIGNATURE: -NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED** 

May 07, 1999 8:00 am Secretary of State

05-07-1999 90134 023 \*\*\*150.00

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