

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 291784 (7)

1. Corporation Name
AMERICAN SCREEN ENCLOSURES, INC.



Principal Place of Business: 1700 NW 22 COURT #5 POMPANO BEACH FL 33069
Mailing Address: 1700 NW 22 COURT #5 POMPANO BEACH FL 33069

3. Date Incorporated or Qualified: 04/12/1965
3a. Date of Last Report: 02/21/1995
4. FEI Number: 59-1097684
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

9. Name and Address of Current Registered Agent

SMALARZ, LOUIS
1700 NW 22 COURT
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name: Smalarz, Ruth D.
82 Street Address (P.O. Box Number is Not Acceptable): 2821 NE 48 Street
83 City: Lighthouse Point FL 85 Zip Code: 33064

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 its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Ruth Smalarz* Ruth Smalarz, President 0407, 96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------------------|-------------------|---|--|
| TITLE: PD | SMALARZ, LOUIS | 1.1 TITLE: P/T/S/D | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS: 1700 NW 22 COURT | POMPANO BEACH FL | 1.2 NAME: Smalarz, Ruth | |
| CITY-ST-ZIP: POMPANO BEACH FL | | 1.3 STREET ADDRESS: 2821 NE 48 St | |
| TITLE: D | SMALARZ, RUTH D. | 1.4 CITY-ST-ZIP: Lighthouse Point Fl 33064 | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS: 2821 N.E. 48TH ST. | LIGHTHOUSE PT. FL | 2.1 TITLE: V | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| CITY-ST-ZIP: LIGHTHOUSE PT. FL | | 2.2 NAME: Robert Whipkey | |
| TITLE: [] DELETE | | 2.3 STREET ADDRESS: 718 SE 7 Av | |
| NAME: [] DELETE | | 2.4 CITY-ST-ZIP: Pompano Beach, Fl 33060 | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS: [] DELETE | | 3.1 TITLE: [] DELETE | |
| CITY-ST-ZIP: [] DELETE | | 3.2 NAME: [] DELETE | |
| TITLE: [] DELETE | | 3.3 STREET ADDRESS: [] DELETE | |
| NAME: [] DELETE | | 3.4 CITY-ST-ZIP: [] DELETE | |
| STREET ADDRESS: [] DELETE | | 4.1 TITLE: [] DELETE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
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| STREET ADDRESS: [] DELETE | | 5.1 TITLE: [] DELETE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
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| NAME: [] DELETE | | 5.4 CITY-ST-ZIP: [] DELETE | |
| STREET ADDRESS: [] DELETE | | 6.1 TITLE: [] DELETE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
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| TITLE: [] DELETE | | 6.3 STREET ADDRESS: [] DELETE | |
| NAME: [] DELETE | | 6.4 CITY-ST-ZIP: [] DELETE | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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.

SIGNATURE: *Ruth D. Smalarz* Ruth D. Smalarz 04-07, 96

CR2E034 (12/95)