

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 352369 (3)

1. Corporation Name
FOLDING SHUTTER CORPORATION

Principal Place of Business

**7089 HEMSTREET PLACE
P.O. BOX 19026
WEST PALM BCH FL 33416**

Mailing Address

**7089 HEMSTREET PLACE
P.O. BOX 19026
WEST PALM BCH FL 33416**

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 09/17/1969	3a. Date of Last Report 03/07/1994
4. FEI Number 59-1272008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HEMSTREET, GARY M.
7089 HEMSTREET PLACE
WEST PALM BEACH FL 33413**

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 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

Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HEMSTREET, HERBERT M.
STREET ADDRESS	7089 HEMSTREET PLACE
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	PD
NAME	HEMSTREET, GARY M.
STREET ADDRESS	7089 HEMSTREET PLACE
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	DVP
NAME	HEMSTREET, KEVIN
STREET ADDRESS	7089 HEMSTREET PLACE
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	D
NAME	HEMSTREET, PAUL D.
STREET ADDRESS	7089 HEMSTREET PLACE
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	D
NAME	HEMSTREET, MARY D.
STREET ADDRESS	7089 HEMSTREET PLACE
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	NO LONGER A DIRECTOR
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	NO LONGER A DIRECTOR
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Howard K. Hemstreet
6.4 CITY - ST - ZIP	7089 Hemstreet Place

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 1067(b), 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 as an alternate with an address.

SIGNATURE: *Kevin R. Hemstreet*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kevin R. Hemstreet, Vice President

April 14, 1995 683-4811 (407)