

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **J58982** (6)

1. Corporation Name  
**HISTORIC SHUTTER RESTORATION, INC.**



Principal Place of Business  
**5700 4TH AVE.  
5700 4TH AVE.  
KEY WEST FL 33040  
US**

Mailing Address  
**5700 4TH AVE.  
5700 4TH AVE.  
KEY WEST FL 33040  
US**

3. Date Incorporated or Qualified  
**02/26/1987**

3a. Date of Last Report  
**04/20/1995**

4. FEI Number  
**59-2807447**

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. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**STAUCH, MATTHEW  
5700 4TH AVE.  
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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: \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE: DP  DELETE  
NAME: DEVRIES, ELIZABETH R.  
STREET ADDRESS: 6410 SECOND ST.  
CITY-ST-ZIP: KEY WEST FL

TITLE: P  DELETE  
NAME: STAUCH, MATTHEW  
STREET ADDRESS: 5700 4TH AVE.  
CITY-ST-ZIP: KEY WEST FL

TITLE:  DELETE

TITLE:  DELETE

TITLE:  DELETE

TITLE:  DELETE

TITLE:  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:  Addition  
NAME: **SECRETARY**  
STREET ADDRESS: **BEVERLEY STONEHOUSE**  
CITY-ST-ZIP: **5700 4TH AVE  
KEY WEST FL 33040**

2.1 TITLE:  Change  Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY-ST-ZIP:

3.1 TITLE:  Change  Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:

4.1 TITLE:  Change  Addition

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY-ST-ZIP:

5.1 TITLE:  Change  Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:

6.1 TITLE:  Change  Addition

6.2 NAME:

6.3 STREET ADDRESS:

6.4 CITY-ST-ZIP:

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: \_\_\_\_\_ **05-05-96** (305) **2966332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (12/95)