

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P40830** (2)

1. Corporation Name
HUNTER DOUGLAS FABRICATION COMPANY



Principal Place of Business: **2392 31ST STREET SOUTH ST. PETERSBURG FL 33712 US**
Mailing Address: **2392 31ST STREET SOUTH ST. PETERSBURG FL 33712 US**

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

3. Date Incorporated or Qualified: **10/07/1992** 3a. Date of Last Report: **02/24/1995**
4. FEIN Number: **95-2888320** Applied For: Not Applicable
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. 199.042, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ **FL** **85** Zip Code: _____

11. Pursuant to the provisions of Sections 607.0902 and 607.1502, Florida Statutes, the above named corporation submits the 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CCEO	<input checked="" type="checkbox"/> DELETE
NAME	FUCHS, GERALD	
STREET ADDRESS	2 PARKWAY & RTE 17 SOUTH	
CITY-ST-ZIP	UPPER SADDLE RVR NJ	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, SCOTT	
STREET ADDRESS	2 PARKWAY & RTE 17 SOUTH	
CITY-ST-ZIP	UPPER SADDLE RVR NJ	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MEHRA, AJIT	
STREET ADDRESS	2 PARKWAY & RTE 17 SOUTH	
CITY-ST-ZIP	UPPER SADDLE RVR NJ	
TITLE	SGC	<input type="checkbox"/> DELETE
NAME	PARNASS, GEOFF	
STREET ADDRESS	2 PARKWAY & RTE 17 SOUTH	
CITY-ST-ZIP	UPPER SADDLE RVR NJ	
TITLE	CC	<input checked="" type="checkbox"/> DELETE
NAME	PATELLO, FRANK	
STREET ADDRESS	2 PARKWAY & RTE 17 SOUTH	
CITY-ST-ZIP	UPPER SADDLE RVR NJ	
TITLE	PCOO	<input checked="" type="checkbox"/> DELETE
NAME	HOPKINS, MARVIN	
STREET ADDRESS	2 PARKWAY & RTE 17 SOUTH	
CITY-ST-ZIP	UPPER SADDLE RIVER NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	CEO
13 STREET ADDRESS	MARVIN HOPKINS
14 CITY-ST-ZIP	2 PARKWAY + RTE. 17 SOUTH
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	UPPER SADDLE RVR N.J. 07458
17 STREET ADDRESS	
18 CITY-ST-ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	
23 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
24 NAME	CC
25 STREET ADDRESS	JAMES COCKLING
26 CITY-ST-ZIP	2 PARKWAY + RTE. 17 SOUTH
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	UPPER SADDLE RVR N.J. 07458
29 STREET ADDRESS	
30 CITY-ST-ZIP	

14. I do hereby certify that the information supplied by the filer is true and correct, to the best of my knowledge. 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: **GEOFF PARNASS** *Geoff Parnass*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)