

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90194 028 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P40830**

1. Corporation Name  
**HUNTER DOUGLAS FABRICATION COMPANY**

Principal Place of Business 3001 GATEWAY CENTER PKWY PINELLAS PARK FL 33782 US	Mailing Address P O BOX 30 ST. PETERSBURG FL 33780 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>10/07/1992</b>	
4. FEI Number <b>95-2888320</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Trust Fund Contribution <input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85 FL	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	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>HORKINS, MARVIN</b>
STREET ADDRESS	<b>2 PARKWAY RT 7 SOUTH</b>
CITY-ST-ZIP	<b>SADDLE RIVER NJ</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>SMITH, SCOTT</b>
STREET ADDRESS	<b>2 PARKWAY &amp; RTE 17 SOUTH</b>
CITY-ST-ZIP	<b>UPPER SADDLE RVR NJ</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MEHRA, AJIT</b>
STREET ADDRESS	<b>2 PARKWAY &amp; RTE 17 SOUTH</b>
CITY-ST-ZIP	<b>UPPER SADDLE RVR NJ</b>
TITLE	<b>SGC</b> <input type="checkbox"/> DELETE
NAME	<b>PARNASS, GEOFF</b>
STREET ADDRESS	<b>2 PARKWAY &amp; RTE 17 SOUTH</b>
CITY-ST-ZIP	<b>UPPER SADDLE RVR NJ</b>
TITLE	<b>CFO</b> <input type="checkbox"/> DELETE
NAME	<b>KAHN, GORDON</b>
STREET ADDRESS	<b>2 PARKWAY RT 17 SOUTH</b>
CITY-ST-ZIP	<b>UPPER SADDLE RIVER NJ</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Don Hanby* **Don Hanby, Controller** 4/28/99 (727) 803 4540  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)