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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90162 026 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000029375

1. Corporation Name SHUTTER INSTALLATION OF SOUTH FLORIDA INC.

Principal Place of Business 4469 A MELVIN ROAD LAKE WORTH FL 33461 Mailing Address 4469 A MELVIN ROAD LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/03/1996 4. FEI Number 65-0660356 Applied For No 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 owes the current year intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GERTS, CHRISTOPHER 4469 A MELVIN ROAD LAKE WORTH FL 33461

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 607.0501 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 title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Table with 2 main columns: OFFICERS AND DIRECTORS (Block 12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Block 13). Each row includes fields for Title, Name, Street Address, and City-State-Zip, with checkboxes for 'DELETE', 'Change', and 'Addition'.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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: [Signature] 4-23-99 1561 965-9759 Date Daytime Phone #

CR2E034 (11/98)