

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90068 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

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



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000005962

1. Corporation Name
 TAYLOR ROLLING SHUTTERS, INC.

Principal Place of Business Mailing Address
 8900 NW 119 STREET 8900 NW 119 STREET
 HIALEAH GARDENS FL 33018 HIALEAH GARDENS FL 33018

3. Date Incorporated or Qualified
 01/20/1998

4. FEI Number
 65-080 6410

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

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

9. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
 782 NW LEJEUNE ROAD STE 548
 MIAMI FL 33126

10. Name and Address of New Registered Agent

B1 Name
 B2 Street Address (P.O. Box Number Is Not Acceptable)
 B3
 B4 City
 FL B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	ROLLINGSHIELD INC.
STREET ADDRESS		1.3 STREET ADDRESS	8900 NW 119 ST.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECURE ROLLINGSHIELD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	5700 W BLOMINGDALE AVE.
STREET ADDRESS		2.3 STREET ADDRESS	CHICAGO, ILL 60639
CITY-ST-ZIP		2.4 CITY-ST-ZIP	VTP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in this 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 13, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TITLE OF REGISTERED AGENT REQUIRED

1/21/99 (305) 820 8224

CR2E034 (1/98)