

FILED  
Jul 08, 1999 8:00 am  
Secretary of State

07-08-1999 90020 007 \*\*\*550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000083199

COASTAL WINDOW & SHUTTER SYSTEMS, INC.



Principal Place of Business: 109 25TH STREET, SUITE F, WEST PALM BEACH FL 33407  
Mailing Address: 1109 25TH STREET, SUITE F, WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1998  
4. FEI Number: 65-086-5298  
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: [x] Yes [ ] No

26. Mailing Address: [ ]  
27. Suite, Apt. #, etc.: [ ]  
28. City & State: [ ]  
29. Zip: [ ] Country: [ ]

9. Name and Address of Current Registered Agent: BROOME, WILLIAM R. H. ESQ., 1818 SOUTH AUSTRALIAN AVENUE, SUITE 202, WEST PALM BEACH FL 33409

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

I, 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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: 6/29/99

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	2. ADDRESS	1.1 TITLE	Change [ ] Addition [ ]
PEARCE, GLEN R	1109 25TH STREET, SUITE F, WEST PALM BEACH FL 33407	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
3. TITLE	4. ADDRESS	2.1 TITLE	Change [ ] Addition [ ]
D		2.2 NAME	
FULLWOOD, JAMES E JR.	1109 25TH STREET, SUITE F, WEST PALM BEACH FL 33407	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	

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.

SIGNATURE: [Signature] SIGNATURE REQUIRED: [Signature] Date: 8/11/99 561-586-2280 Daytime Phone #

CR2E034 (5/98)