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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT #

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SOLAROLL SHADE & SHUTTER CORPORATION

Principal Place of Business Mailing Address 915 S DIXIE HIGHWAY E 915 S DIXIE HIGHWAY E. MAILING ADDRESS: PO BOX 428 MAILING ADDRESS: PO BOX 428 POMPANO BEACH FL 33081 POMPANO BEACH FL 33061 3. Date Incorporated or Qualified 05/06/1974 3a. Date of Last Report 05/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1612249 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζp Country Country This corporation has liability for intangible tax under s. 199.032. 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BERNARDO, GREG 82 Street Address (P.O. Box Number is Not Acceptable) SOLAROLL SHADE & SHUTTER CORP. 915 S. DIXIE HYW EAST 83 POMPANO BEACH FL 33060 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE (12/95)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1. 1 TITLE ☐ Change Addition BERNARDO, GREG NAME 1.2 NAME CR2E034 2350 NE 29TH ST STREET ADDRESS 1.3 STREET ADDRESS LIGHTHOUSE PT FL CITY - ST - ZIP 1.4 CITY-ST-ZIP SD OELETE TITLE 2 1 TITLE Change Addition FLANNERY, LEO NAME 2 2 NAME 2991 SE ST LUCIE BLVD STREET ADDRESS 2.3 STREET ADDRESS STUART FL CITY-S1-ZIP 24 CITY-ST-ZIP VD. TITLE DELETE ☐ Addition 3 1 TITLE Change: **GOINS.LARRY** NAME 3.2 NAME 23150 SW 60TH WAY STREET ADDRESS 3.3. STREET ADDRESS **BOCA RATON FL** CHTY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.17(1) £ ☐ Change Addition NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST - ZiP TITLE DELETE 5. 1 TITLE ■ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7/P 5.4 CITY-ST-ZIP DELETE TITLE Change: 6. 1 TITLE ■ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

OFFICER OR DIRECTOR

1/26/96 305-782-721

on an attachment with an address.