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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # F87727 (6)

1. Corporation Name

ALUMINUM WROL-UP SHADES & SHUTTERS, INC.

Principal Place of Business

211 NORTHWEST 5TH AVENUE
HALLANDALE FL 33009

Mailing Address

211 NORTHWEST 5TH AVENUE
HALLANDALE FL 33009

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

SHAHADY, THOMAS R.
HOUSTON & SHAHADY, P.A.
100 N.E. 3RD AVENUE, SUITE 850
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name FLOYD PEARSON RICHMAN GREER WEIL, et al,
82 Street MIAMI CENTER, 10TH FLOOR P.A.
83 201 S. BISCAYNE BLVD.
84 City MIAMI FL 85 Zip Code 33131

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director of registered agent and attest application

Charles H. Johnson, Vice-President
of Floyd Pearson Richman, et al., P.A.

4/26/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	WRONO, WALTER A.	211 N.W. 5TH AVENUE	HALLANDALE FL	<input checked="" type="checkbox"/>
SDT	WRONO, SHARON	211 N.W. 5TH AVENUE	HALLANDALE FL	<input type="checkbox"/>
D	WRONO, HELEN	211 N.W. 5TH AVENUE	HALLANDALE FL	<input type="checkbox"/>
D	MCPHEE, BRUCE	211 N.W. 5TH AVENUE	HALLANDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETE
President/CEO				<input checked="" type="checkbox"/>
Corp Sec/Treas.				<input checked="" type="checkbox"/>
Director				<input type="checkbox"/>
Vice Pres-Acct&Fin., Director				<input checked="" type="checkbox"/>
V.P.-Manufacturing, Director				<input checked="" type="checkbox"/>

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/26/96 (954) 456-6999
Date Daytime Phone

CR2E034 (12/95)