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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # F87728

1. Corporation Name
Shutter Source, Inc.

Principal Place of Business	Mailing Address
211 N.W. 5th Avenue Hallandale, FL 33009	211 N. W. 5th Avenue Hallandale, FL 33009

3. Date Incorporated or Qualified: 6/18/82
3a. Date of Last Report: 4/11/95
4. FEI Number: ~~Applied For~~ [X] Not 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 has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [XX] No

2. Principal Place of Business (21) / Suite, Apt. #, etc (22) / City & State (23) / Zip (24) / Country (25) USA

2a. Mailing Address (26) / Suite, Apt. #, etc (27) / City & State (28) / Zip (29) / Country (30)

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., P.A.
82 Street Address (P.O. Box Number is Not Acceptable): Miami Center, 10th Floor
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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Charles H. Johnson, Vice-Pres. of Floyd Pearson, et al. DATE: 8/1/96
(Must be Registered Agent's signature if registered agent is changed.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	[ ] DELETE		[XX] Change [ ] Addition
TITLE	SPT	1.1 TITLE	President/Director
NAME	Sharon J. Wrono	1.2 NAME	Sharon J. Wrono
STREET ADDRESS	211 N.W. 5th Ave.	1.3 STREET ADDRESS	211 N.W. 5th Avenue
CITY-ST-ZIP	Hallandale, FL 33009	1.4 CITY-ST-ZIP	Hallandale, FL 33009
	[ ] DELETE		[XX] Change [ ] Addition
TITLE	D	2.1 TITLE	Secretary/Treasurer/D
NAME	Helen Wrono	2.2 NAME	Helen Wrono
STREET ADDRESS	211 N.W. 5th Avenue	2.3 STREET ADDRESS	211 N.W. 5th Avenue
CITY-ST-ZIP	Hallandale, FL 33009	2.4 CITY-ST-ZIP	Hallandale, FL 33009
	[X] DELETE		[ ] Change [ ] Addition
TITLE	PD	3.1 TITLE	
NAME	Walter A. Wrono	3.2 NAME	
STREET ADDRESS	211 N.W. 5th Avenue	3.3 STREET ADDRESS	
CITY-ST-ZIP	Hallandale, FL 33009	3.4 CITY-ST-ZIP	
	[X] DELETE		[ ] Change [ ] Addition
TITLE	D	4.1 TITLE	600001920376
NAME	Bruce McPhee	4.2 NAME	-08/13/96--01107--021
STREET ADDRESS	211 N.W. 5th Avenue	4.3 STREET ADDRESS	***225.00
CITY-ST-ZIP	Hallandale, FL 33009	4.4 CITY-ST-ZIP	
	[ ] DELETE		[ ] Change [X] Addition
TITLE		5.1 TITLE	Director
NAME		5.2 NAME	Larry Verdon
STREET ADDRESS		5.3 STREET ADDRESS	211 N.W. 5th Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Hallandale, FL 33009
	[ ] DELETE		[ ] Change [X] Addition
TITLE		6.1 TITLE	Director
NAME		6.2 NAME	James DeGrasse
STREET ADDRESS		6.3 STREET ADDRESS	211 N.W. 5th Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Hallandale, FL 33009

CR2E034 (12/95)

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: Sharon Wrono Pres/CEO — Sharon J. Wrono 8/08/96 — (954) 456-6979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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