SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # G90653 (8)

1. Corporation Name

ROBINSON & SONS SHUTTER CO.

Principal Place of Business
8400 NW 96TH STREET
MIAMI FL 33166

Mailing Address
8400 NW 96TH STREET
MIAMI FL 33166

3. Date Incorporated or Qualified: 02/07/1984
3a. Date of Last Report: 04/28/1995
4. FEI Number: 59-2366573 ☐ Applied For ☐ 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 ☐ No

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

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

9. **Name and Address of Current Registered Agent**

ROBINSON, JAMES W.
8400 NW 96 ST.
MIAMI FL 33166

10. **Name and Address of New Registered Agent**

81 Name: RICHARD J. LEE ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 5th FLOOR GABLES INT PLAZA.
83 2655 LEJEUNE ROAD
84 City: CORAL GABLES FL 85 33134

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: RICHARD J. LEE, P.A. BY: [signature] – President — 6-12-96
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	ROBINSON, JAMES W.	
STREET ADDRESS	8400 N.W. 96TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	~~DVS~~	☑ DELETE
NAME	~~ROBINSON, JEFFRY T.~~	
STREET ADDRESS	~~8400 N.W. 96TH ST.~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	~~D~~	☒ DELETE
NAME	~~GONZALEZ, DIANE~~	
STREET ADDRESS	~~8400 NW 96 ST~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	T, SEC. VP.	☐ DELETE
NAME	ROBINSON, JANICE	
STREET ADDRESS	8400 NW 96 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPS	☐ DELETE
NAME	THOMAS, LLERENA	
STREET ADDRESS	8400 NW 96 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
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	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JANICE S. ROBINSON — 6/6/96 — 884-1128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #