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May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
**8400 NW 96TH STREET** **8400 NW 96TH STREET**  
**MIAMI FL 33166** **MIAMI FL 33166-2033**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/07/1984</b>		3a. Date of Last Report <b>06/18/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2366573</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>LEE, RICHARD J ESQ</b> <b>5TH FLOOR GABLES INT PLAZA</b> <b>2655 LEJAYNE ROAD</b> <b>CORAL GABLES FL 33134</b>				10. Name and Address of New Registered Agent 81 Name <b>WALTER DINGWALL</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2631 E. OAKLAND PARK BLVD</b> 83 <b>SUITE 202</b> 84 City <b>FT. LAUDERDALE FL</b> 85 Zip Code <b>33306</b>			

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 607.0503, Florida Statutes.

SIGNATURE *Walter Dingwall* DATE **4/28/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	<b>ROBINSON, JAMES W.</b>	1.2 NAME	<b>B. PETER DREWS</b>
STREET ADDRESS	<b>8400 N.W. 96TH ST.</b>	1.3 STREET ADDRESS	<b>8400 NW 96 ST</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	<b>MIAMI FL 33166</b>
TITLE	TSVP	2.1 TITLE	SIT
NAME	<b>ROBINSON, JANICE</b>	2.2 NAME	<b>MARTHA FEINBERG</b>
STREET ADDRESS	<b>8400 NW 96 ST.</b>	2.3 STREET ADDRESS	<b>8400 NW 96 ST</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	<b>MIAMI FL 33166</b>
TITLE	THOMAS, LLERENA	3.1 TITLE	D
NAME	<b>THOMAS, LLERENA</b>	3.2 NAME	<b>THOMAS LLERENA</b>
STREET ADDRESS	<b>8400 NW 96 ST.</b>	3.3 STREET ADDRESS	<b>8400 NW 96 ST</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	<b>MIAMI FL 33166</b>
TITLE		4.1 TITLE	D
NAME		4.2 NAME	<b>DON SMITH</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>8400 NW 96 ST</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>MIAMI FL 33166</b>
TITLE		5.1 TITLE	D
NAME		5.2 NAME	<b>KENNETH NIELSEN</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>8400 NW 96 ST</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>MIAMI FL 33166</b>
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0227137

CR2E034 (9/96)