## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

6563 TAYLOR RD.

NAPLES FL 33942

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H23861

Principal Place of Business

**SIGNATURE** 

6563 TAYLOR RD.

NAPLES FL 34109

NAPLES AWNING AND ROLUP SHUTTERS, INC.

		•			10/03/1984	•		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Ap	plied For
21		26	26				No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- 0 - 1/5 - 1 6 Ot - 1	Desired	\$8.75 A	dditional	
22		27		5. Certificate of Status	Desired , L.	Fee Re	quired	
City & State		City & State		6. Election Campaign I	Financing	\$5.00	May Be	
¬ ', ' ', ' ', ', ', ', ', ', ', ', ', ',		<b>⊢</b> ′			Trust Fund Contribu		Added t	· ·
23		Country		8. This corporation ow		angible		
<b>-</b>	25	29	¬ `		Personal Property T		Yes	□No
24	9. Name and Address of Current	<u></u>	1		10. Name and Address		Agent	
<u> </u>	9. Name and Address of Current	Registered Agent	81	Name				
DEN	PON ALANIEE	82		<u></u>		٠.		
NEF 263-25TH AVE. N.E. O ADTAIN SHUTTERS AND				Street Add	ress (P.O. Box Number is N	lot Acceptable)		
NAPLES FL 34120			83		1 - 200 <u>20</u>	SP. 8-100 200 14-100	21. 21511 1 54	eiz i sien läsi
MAPLES PL 34120			,03					
• •			84	City	<del>- 10,000 00</del>	ा कर कर में ई करूर केन्द्र ====================================	85 Zip (	Code
		mentally with the property with		•		FL	<u>.                                     </u>	
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 of the purpose of changing its registered seems. I hereby accept the appointment as registered								
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, tile abovernance corporation's board of directors. I hereby accept the appointment as 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.								
agent. i ar	m familiar with, and accept the obligation	ons of, Section 607.0303, Florid	a Clatatos.		• • • • • • • • • • • • • • • • • • •			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12. OFFICERS AND DIRECTORS 13.						ES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	P .:	DELETE	1.1 TITLE		1. 2. 3. 3. 3. 3. 1.	:	☐ Change	Addition
<b>!</b>	DENTON, ALAN	<del>_</del>	1.2 NAME	'				
NAME	· · ·		1.3 STREET	ADDDEDO		* •		
STREET ADDRESS	263 25TH AVE. N.E.					,		!
CITY-ST-ZIP	NAPLES FL	☐ DELETE	1.4 CITY-ST	-217	<del></del>	- <del></del>	Change	Addition
TITLE		□ pereie	2,1 TITLE		,			Ф,
NAME	DENTON, CATHY	1.	2.2 NAME					
STREET ADDRESS	263 25TH AVE. N.E.	•	2.3 STREET	ADDRESS				
CITY-ST-ZIP	NAPLES FL	<u> </u>	2. 4 CITY-S	T-ZIP				<u></u>
TITLE 5.03	emas as the same	☐ DELETE	3.1 TITLE		,		☐ Change	Addition
NAME	SMARTE SOUND ON	WENT OF THE	3.2 NAME			7		
STREET ADDRESS	The Control of the Co	** *** *** *** *** *** *** *** *** ***	3.3 STREET	ADDRESS	* 1.4 tel	13 1 M 14 14 14 17 18 18 18 18 18 18 18 18 18 18 18 18 18	3 / 1 1 1 1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	2150 D30 1581
CITY-ST-ZIP	CFS HL Rading		3.4. CITY-S	T-ZiP		じょ 開盤 底糖		
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	. •	•	4. 2 NAME			11 Je		
NAME	H)	(BC) (1994)	4.3 STREET	ADDRESS	•	•		
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NAME		•	5.3 STREET	r ADDDESS				
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CITY+ST-ZIP			5.4 CITY-S	1-219	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	<del></del>	Change	Addition
πιE .		☐ DELETE		.				
NAME	୍ୟାର୍ଟ୍ର ପ୍ରତିକ୍ଷ୍ୟ ବ୍ୟବସ୍ଥ । ଜ୍ୟାନ୍ତ୍ର ପ୍ରତିକ୍ଷ୍ୟ ବ୍ୟବସ୍ଥ ।		6.2 NAME					
STREET ADDRESS	[ # # 명하다.   V			TADORESS				
CITY-ST-ZIP	3 		6.4 CITY-S		•			
14. I hereby	certify that the information supplied with	h this filing does not qualify for t	he exempt	ion stated in	Section 119.07(3)(i), Florida	a Statutes, I further ce Leffect as if made und	rtity that the i ler oath: that	information 1 am an
14. I hereby certify that the information supplied with this tiling does not qualify for the exhibition state in control to the control of the composition or supplied entail 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 composition or the receiver at trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in								
indicated on this annual report or supplemental annual report is true and accurate and trial triby Stitution and the Salte Ball Report 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 an attach ent with an address, with an other like empowered.								

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed .

02-01-1999 90001 017 \*\*\*150.00