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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H49589

(5)

H & H PATIO ENCLOSURES, INC.

Principal Place of Business Mailing Address RR 4 ORANGEVILLE RR 4 ORANGEVILLE ONTARIO L9W 221 ONTARIO L9W 221										
CANADA	221	CANADA				3. Date Incorporated or Qualified	20.7	Date of Last F	Zopori	
						03/27/1985		/05/1996	report	
2. Principal P	lace of Business	2a, Mailing Address			···	4. FEI Number			pplied For	
21		26	. _ 			98-0068636			ot Applicable	
Sulte, Apl. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & State		City & State				6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			to Fees	
Zip Country		Žip	n <u>—</u> n			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes 五月 No				
24	9. Name and Address of Curr	ent Registered Agent	30	1		Florida Statutes 10. Name and Address of New R				
ROCI	DE, J. DANIEL	ont riogistored Agein		81	Name	10. Hame and radioso of New A	og.storeo	- Agont		
	GLADES RD.			82	Stroot Addr	ess (P.O. Box Number is Not Accepta	ablol		- 	
SUITE 400					Street Addi	ess (1.0. box Number is Not Accepts				
BOC	A RATON FL 33431			83						
				84	City	The best of the second	FI	B5 Zip	Code	
.11 Pursuant	to the provisions of Sections 607.0	02 and 607 1508 Florida Statu	tos the a	bovo	a-named corp	poration submits this statement for the			ts registered	
office or r	registered agent, or both, in the Sta	le of Florida. Such change was	authorize	d by	the corporat	poration submits this statement for the ion's board of directors. I hereby according to the control of the cont	opt the ap	pointment as	registered	
SIGNATURE	arritarima: with, and accopt the obi									
	Signature, typed or printed name of registered a			d Age	nt signature requir	ed whon reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS DELETE	13. 1.1 1)		<u> </u>	ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTOR Change	RS IN 12	
- NAME	HUNTER, ARTHUR J.	_) Mill	1.2 N/					change	[_] Yourion	
STREET ADDRESS RR4 ORANGEVILLE					ADDRESS					
CITY-ST-ZIP	ONTARIO, CANADA		1.4 Ci	1 7 - S	1-2IP					
TITLE	SD	DELFTE	2.1 11	71 E				Change	☐ Add tion	
Name	HUNTER, WAYNE		2.2 N/	\ME						
STREET ADDRESS	RR4 ORANGEVILLE				ADDRESS			•		
CITY-ST-ZIP	ONTARIO, CANADA PD	DELETE		·	51 - 74P			Change	Maddice.	
TITLE NAME	STAVELEY, ERIC	m orrest	3 1 1/ 3.2 N/		{			LI CHANGE	Addition	
STREET ADDRESS	RR 4 ORANGEVILLE				ADDRESS					
CITY-\$1-ZIP	ONTARIO CA				T-ZIP					
TITLE		DELETE	4.1 70					Change	Addition	
NAME			4 2 N	IAME						
STREET ADDRESS			4.3 S1	IBELI	ADORESS					
CITY-ST-ZIP			4.4 CI		1 - ZIP					
TITLE		DELFTE	5.1 7(Change	☐ Addition	
NAME			5.2 N/							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE	54 CI 6 1 TI		1 · 7IP			Change	Addition	
TITLE		[] ottell	6.2 N/			•		r-1 cusube	☐ MUUIION	
name Street address			- 1		ADDRESS					
CITY-ST-ZIP			6.3 ST		Į.					
	by certify that the information suppl	ied with this filing does not gual				In Section 119 07(3)(i) Florida Statut	es I furthe	er certify that	the	

4. 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 33 if changed or on an attachment with an address.

SIGNATURE:

I ERIC STAVELEY

March 21/97 941.9370

FILED

Apr 03 1997 8:00am

Secretary of State