

2-25-97 B-2305 C
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FILED
Feb 25 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 # J06654 (4)

1. Corporation Name
PROTECTIVE SHUTTER SYSTEMS, INC.

Principal Place of Business

2850 NE 23 PLACE
POMPANO BCH. FL 33060
US

Mailing Address

2850 NE 23 PLACE
POMPANO BCH. FL 33062-1138
US

3. Date Incorporated or Qualified
03/26/1986

3a. Date of Last Report
04/29/1996

4. FEI Number
59-2673705

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 Bldg E
21 1631 S. Dixie Hwy
22 Pompano Beach
23 Florida
24 33060 25 Broward

2a. Mailing Address Bldg E
26 1631 S. Dixie Hwy
27 Pompano Beach
28 Florida
29 33060 30 Broward

9. Name and Address of Current Registered Agent

MALONEY, DALE
2850 NE 23RD PLACE
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

33060

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 *Dale Maloney Pres*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-97

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE
NAME MALONEY, DALE
STREET ADDRESS 2850 NE 23RD PLACE
CITY-ST-ZIP POMPANO BCH. FL

TITLE S ☐ DELETE
NAME TAVIS, PAUL
STREET ADDRESS 3208 BARTON RD.
CITY-ST-ZIP POMPANO BCH. FL 33062

TITLE VP ☐ DELETE
NAME SHOOP-TAVIS, LAURIE ANN
STREET ADDRESS 3208 BARTON RD.
CITY-ST-ZIP POMPANO BCH. FL 33062

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 1631 S. Dixie Hwy Bldg E
1.4 CITY-ST-ZIP Pompano Bch Florida 33060

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

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: *Dale Maloney Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-97 954-781-6656
Date Daytime Phone

CR2E034 (9/96)