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**APPROVED
AND
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95 MAY - 1 AM 9: 21

**CORPORATION
ANNUAL REPORT
1995**



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

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L96949 (7)

**1. Corporation Name
HURRICANE WINDOW PROTECTION CORP.**

**Principal Place of Business Mailing Address
2200 N FEDERAL HWY 2200 N FEDERAL HWY
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020
US US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/27/1990 3a. Date of Last Report 05/01/1994

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number 65-0218299 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. 109.032, Florida Statutes [] Yes [] No

9. Name and Address of Current Registered Agent
**COFFEY, KARIN
10832 MORNINGSTAR DR
COOPER CITY FL 33026**

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

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 Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COFFEY, DOUGLAS
STREET ADDRESS	10832 MORNINGSTAR DR
CITY ST ZIP	COOPER CITY FL
TITLE	STD
NAME	COFFEY, KARIN
STREET ADDRESS	10832 MORNINGSTAR DR
CITY ST ZIP	COOPER CITY FL
TITLE	D
NAME	BLOOM, CYNTHIA
STREET ADDRESS	20281 E COUNTRY CLUB DR
CITY ST ZIP	AVENTURA FL
TITLE	VP
NAME	BLOOM, MARTIN
STREET ADDRESS	20281 E COUNTRY CLUB DR
CITY ST ZIP	AVENTURA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	300001484303
13 STREET ADDRESS	-05/11/95--01078--019
14 CITY - ST - ZIP	****200.00 ****200.00
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

5/1/95 MST

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 110.07(3)(a), 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 of this filing or on an attachment with an address.

SIGNATURE: *[Signature]* **5/1/95 3059297233**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (below Name)