SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600001468 (5)

ASSOCIATION OF SHUTTER MANUFACTURERS, INC.

Principal Place of Business Mailing Address 8800 N.W. 79TH AVE., 8800 N.W. 79TH AVE., MEDLEY FL 33166 MEDLEY FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 03/18/1996 2. Principal Place of Business Mailing Address 4, FEI Number Applied For 21 65-0650711 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 29 30 ☐ Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent **B1** Name PALMIERI, THOMAS J ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 1428 BRICKELL AVENUE 201 South Biscayne Blvd. 83 **6TH FLOOR** Suite 3000 MIAMI FL 33131 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PD DELETE 1.1 TITLE Change Addition NAME BECKER, LENNARD 1.2 NAME 8800 N.W. 79TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS MEDLEY FL 33166 CITY-ST-7IP 1.4 CITY-ST-ZiP DELETE TITLE VD. Change 21 TITLE Addition STAMMIELLO, DOMINIC NAME 2.2 NAME 8800 N.W. 79TH AVENUE STREET ADDRESS 2.9 STREET ADDRESS MEDLEY FL 33166 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME **ULLEY. MICHAEL** 3.2 NAME 8800 N.W. 79TH AVENUE STREET ADDRESS 3.3 STREET ADDRESS MEDLEY FL 33166 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an exact point with an officer.

Aug 04 1997 8:00am Secretary of State

FILED