

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

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90053 024 \*\*\*158.75

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P15392

1. Corporation Name  
COULTER HURRICANE PRODUCTS CORPORATION



Principal Place of Business  
9821 NW 80 AVE  
BAY P-5  
HIALEAH GARDENS FL 33016

Mailing Address  
P.O. BOX 660508  
MIAMI FL 33266-0508

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

22. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

25. Country

29. Zip

30. Country

**SAME**

3. Date Incorporated or Qualified

07/30/1987

4. FEI Number

59-2823259

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 owes the current year Intangible Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

COULTER, ALEXANDER MICHAEL  
9821 NW 80 AVE  
BAY P-5  
HIALEAH GARDENS FL 33016

10. Name and Address of New Registered Agent

81. Name

**SAME**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **P COULTER, A.M.**  
STREET ADDRESS **1621 HAMMOND DR.**  
CITY-ST-ZIP **MIAMI SPRINGS FL**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
1.4 CITY-ST-ZIP

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

**NO CHANGES**

14. I 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, with all other like empowered.

SIGNATURE: **Alexander Michael Coulter** 2/8/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-884-2272

CR2E034 (11/98)