FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name

P93000031758 (4)

WILK SHUTTER PRODUCTS, INC.

	TARREST TO THE PARTY OF THE PAR		·			UEIF
Principal Place	of Business	Mailing Address				
1928 TIGERTAIL BLVD. 1928 TIGERT DANIA FL 33004 DANIA FL 33			/D.			
					3. Date Incorporated or Qualified 04/30/1993	3a. Date of Last Report 05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0418262	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	*	,,	5. Certificate of Status Desired	See Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for in	
24	25	29	30	*****	Florida Statutes Yes	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent
			'	B1 Name		
WEIL, KENNETH J 175 NW 1 AVE			Ī	32 Street Add	ress (P.O. Box Number is Not Acceptable	a)
26TH FLOOR			ļī	B3		
I IMAIM	FL 33128-1817		Ī	34 City		El 85 Zip Code
SIGNATURE: .					ration submits this statement for the purp rd of directors. I hereby accept the appoi	ose of changing its registered office intment as registered agent. I am
	Signature, typed or printed hanse of registered agent OFFICERS AN			gent signature require		DATE
12.	PDJA OFFICERS AN	DINECTORS	13. 1. 1 TH		ADDITIONS/CHANGES TO OFFIC	Change Addition
	MES A. WILK,	L.J DECCEE				
NAME STREET ADDRESS	1928 TIGERTAIL BLVD.		1.2 NAN	EE1 ADDRESS		
CITY-ST-ZIP	DANIA FL 33004			r-ST-ZIP		
TITLE	VPSD	☐ DELETE	2. 1 TiTi		·	☐ Change ☐ Addition
NAME	GAIL M. WILK,	<u></u>	2.2 NAM	i		Land Street, Land Street, Land
STREET ADDRESS	1928 TIGERTAIL BLVD.			EET ADDRESS		
CITY- ST-ZIP	DANIA FL 33004			-ST-ZIP		
TITLE	27,117,112,000,1	DELETE	3. 1 117			Change Addition
NAME			3.2 NAM	16		
STREET ADDRESS			3.3. STP	EET ADDRESS		
CITY-ST-ZIP			3.4 CITY	'-S1-ZIP		
TITLE		☐ DELETE	4. 1 Till	.E	1. 14. 17. 1884 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	Change Addition
NAME]			4.2 NAM	1E		
STREET ADDRESS			4.3 STRI	EET ADDRESS		
CITY+ST-ZIP			4.4 CITY	'-S1-7IP		
TITLE		DELETE	5. 1 TiTL			Change Addition
NAME			5.2 NAM	IE.		
STREET ADDRESS			5.3 STR	EET ADDRESS		
CHTY-ST-ZIP			5.4 CITY	'-\$T-ZIP		
TITLE		DELETE	6. 1 TiT)			Change Addition
NAME			6.2 NAM	IE .		
STREET ADDRESS			6.3 \$TR	ET ADDRESS		
City-St-7iP				- ST- ZIP		

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of the corporation of 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 of the corporation of 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 of the corporation of 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 of the corporation of 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 of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certified in Section 119.07(3)(k), Florida Statutes. I further certifi JAMES A. WILK, PRESIDENT 4/2/96 954-922-EVID **SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)