

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90095 018 ***150.00

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DOCUMENT # P93000053498

1. Corporation Name

ADVANCED SHUTTER PROTECTION, INC.



Principal Place of Business
261 EAST PROSPECT RD.
OAKLAND PARK FL 33309

Mailing Address
261 EAST PROSPECT RD.
OAKLAND PARK FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1993

4. FEI Number

65-0427299

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

2. Principal Place of Business

21 750 E. Prospect Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME-750 E. Prospect
Suite, Apt. #, etc.

City & State

23 Oakland Pk. FL

24 Zip 33334 Country USA

City & State

28 Oakland Pk. FL

29 Zip 33334 Country USA

9. Name and Address of Current Registered Agent

MURPHY, MARY ELLEN
261 E. PROSPECT ROAD
OAKLAND PARK FL 33334

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME PERINI, VINCENT
STREET ADDRESS 261 E. PROSPECT RD.
CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE DVP ☐ DELETE
NAME DIPRIMA, MIKE
STREET ADDRESS 261 E. PROSPECT RD.
CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE DVPT ☐ DELETE
NAME DIPRIMA, MIKE
STREET ADDRESS 261 E. PROSPECT RD.
CITY-ST-ZIP OAKLAND PARK 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

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 750 E. Prospect Rd.
2.3 STREET ADDRESS Oakland Park FL 33334
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME 750 E. Prospect Rd.
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)