

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

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000057487 (9)			
1. Corporation Name ADVANTAGE STORM SHUTTERS, INC.			
Principal Place of Business 4180 N.W. 106TH AVENUE CORAL SPRINGS FL 33065		Mailing Address 4180 N.W. 106TH AVENUE CORAL SPRINGS FL 33065	
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
9. Name and Address of Current Registered Agent BYRON, ROBERT 4180 N.W. 106TH AVE. CORAL SPRINGS FL 33065		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D [] DELETE	11 TITLE	[] Change [] Addition
NAME	BYRON, ROBERT	12 NAME	
STREET ADDRESS	4180 N.W. 106TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	14 CITY-ST-ZIP	
TITLE	[] DELETE	21 TITLE	[] Change [] Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	[] DELETE	31 TITLE	[] Change [] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[] DELETE	41 TITLE	[] Change [] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[] DELETE	51 TITLE	[] Change [] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[] DELETE	61 TITLE	[] Change [] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.			
SIGNATURE: <i>[Signature]</i> DATE: <i>1/24/98</i> <i>(954) 222-5555</i>			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/12/1993	4. FEI Number 65-1481081	Applied For 65-0431081
		Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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CR2E034 (10/97)