FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 11:30

DOCUMENT # **P93000062192 (8)**

1. Corporation Name

J.C. WINDOW SHUTTER MANUFACTURER COMPANY

Principal Place of Business	Mailing Address
5853 SW 119TH AVENUE COOPER CITY FL 33330	5853 SW 119TH AVENUE COOPER CITY FL 33330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1993
3a. Date of Last Report: 07/26/1994

2. Principal Place of Business
21: 9405 NW 109 St, #107
22: Suite, Apt. #, etc.: #107
23: City & State: Medley, FL
24: Zip: 33178 25: Country: U.S.A.

2a. Mailing Address
26: 9405 NW 109 St.
27: Suite, Apt. #, etc.: #107
28: City & State: Medley, FL
29: Zip: 33178 30: Country: U.S.A.

4. FEI Number: 65-0439588 ☐ 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 has/will be liquidated for intangible tax under S. 199.232, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CANALS, MARIA
5853 SW 119TH AVENUE
COOPER CITY FL 33330

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) (FEI# Registered Agent self-initiated request when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/V	☒ Change ☐ Addition
NAME	CANALS, MARIA	12 NAME	Canals, Maria	
STREET ADDRESS	5853 SW 119TH AVE	13 STREET ADDRESS	5853 SW 119 Ave	
CITY-ST-ZIP	COOPER CITY FL 33330	14 CITY-ST-ZIP	Cooper City, FL 33330	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I 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)(i), Florida Statutes. I further certify that the information indicated on the 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: [signature] 8-2-95 (305) 558-9090
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Telephone Number
maria Canals

0236130 CP