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CORPORATION ANNUAL REPORT

1996



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

P93000062192 (8) DOCUMENT #

J.C. WINDOW SHUTTER MAGNUFACT	TURER COMPANY
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Mailing Address Principal Place of Business 9465 NW 109 STREET 9465 NW 109 STREET #107 #107 MEDLEY FL 33178 MEDLEY FL 33178 3a. Date of Last Report 3. Date Incorporated or Qualified US 08/08/1995 09/03/1993 Applied For 4. FELNumber 2a. Maling Address 2. Principal Place of Business Not Applicable 65-0439588 26 21 \$8.75 Additional Suite Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country $Z_{\rm ID}$ $Z(\rho)$ Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) CANALS, MARIA 5853 SW 119TH AVENUE **B3** COOPER CITY FL 33330 Zip Code 85 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. the file Biographic and Agent's gradient received at the fector of op-Signature typed or printed hanned may brooklage the of the idlays had a ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change DELETE 1 1 HHE TITLE 1.2 NAME NAME CANALS, MARIA 1.3 STHEFT ADDRESS STREET ADDRESS 5853 S 119 AVE 14 CiTr - \$! - ZiP COOPER CITY FL CITY - ST - ZIP ☐ Change Addition [T] DELETE 2 1 HILE TITLE 2.2 NAME NAME 2 I STREET ADDRESS STREET ADORESS 2.4 CHTY - \$1. ZIF CITY-S1-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CIEY - ST - ZIP CITY - ST - ZIP [T] Channe Addition DELETE 4 (1)(1) TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CH Y - ST - ZIP CITY - ST - ZIF Addition ☐ Change DELETE 5 11006 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP ☐ Change Addition | DELETE 6.1 IH: E TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 C-1 Y - ST - ZIP

14. I do hereby cert/s that the information supplied with this firing is voluntially 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 certify 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:

Maria Canals

CR2E034 (12/95)