

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000066242 (7)

1. Corporation Name

DURAFRAME WINDOW SHUTTER SYSTEMS, INC.



Principal Place of Business

Mailing Address

1294 N. CONGRESS AVE.
STE. B
WEST PALM BEACH FL 33409

1294 N. CONGRESS AVE.
STE. B
WEST PALM BEACH FL 33409

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SUNKEL, JOHN H
1426 KELLER ROAD
W PALM BEACH FL 33406

3. Date Incorporated or Qualified

09/17/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0443663

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 liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

William R.H. Broom

82 Street Address (P.O. Box Number is Not Acceptable)

Suite 202 ; 1819 Australian Ave. S.

83

84 City WPB

FL

85 Zip Code 33409

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 of person named in registered agent's letter, if applicable

(NOTE: Registered Agent signature required when resigning)

3/4/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPSD	☐ DELETE
NAME	SUNKEL, JOHN H	
STREET ADDRESS	1426 KELLER ROAD	
CITY-STATE-ZIP	W PALM BEACH FL 33406	
TITLE	PTD	☐ DELETE
NAME	FULLWOOD, JAMES E JR	
STREET ADDRESS	1294 N. CONGRESS AVE., STE. B	
CITY-STATE-ZIP	WEST PALM BEACH FL 33409	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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)(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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

5756400

DATE

Exempt Fee #

CR2E034 (12/95)