

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

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000062646**  
1. Corporation Name  
**SOUTHEASTERN SCREEN & SHUTTER, INC.**

Principal Place of Business Mailing Address  
**89170 Overseas Hwy. SAME**  
**PLANTATION Key, FL**  
**33070**

2. Principal Place of Business 21 <b>89170 Overseas Hwy</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>AUG. 25, 1994</b>	3a. Date of Last Report <b>4/96</b>
22 <b>FL</b> City & State	27 <b>FL</b> City & State	4. FEI Number <b>65-0548307</b>	Applied For <input type="checkbox"/> Not Applicable
23 <b>PLANTATION Key</b> Zip	28 <b>FL</b> City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24 <b>33070</b>	29 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
30	31	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Kenneth A. Lundy**  
**89170 Overseas Hwy.**  
**PLANTATION Key, FL 33070**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b>
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 required to print 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 NAME STREET ADDRESS CITY-STATE-ZIP	<b>President</b> <b>Kenneth A. LUNDY</b> <b>89170 Overseas Hwy</b> <b>PLANTATION Key, FL 33070</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	<b>PRESIDENT P/VAT/D</b> <b>Kenneth A. LUNDY</b> <b>89170 Overseas Hwy</b> <b>PLANTATION Key, FL 33070</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>SECRETARY</b> <b>Kenneth A. LUNDY</b> <b>89170 Overseas Hwy</b> <b>PLANTATION Key, FL 33070</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	<b>SECRETARY'S</b> <b>LINDA L. SCHIEGNER</b> <b>492 BEACH RD.</b> <b>TAVERNIER, FL 33070</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 is based 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: **Linda Schiegner, Secty.**  
SIGNATURE AND TYPE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR  
**LINDA SCHIEGNER, SECTY.**

**4/11/97 (305) 852-5533**  
Date Daytime Phone #

CR2E034 (9/96)