

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

**PROFIT CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P95000000417 (2)**

1. Corporation Name  
**STORM SAFE SHUTTERS, INC.**



Principal Place of Business <b>3593 PALMETTO AVE. SUITE 3 FORT MYERS FL 33916</b>	Mailing Address <b>3593 PALMETTO AVE. SUITE 3 FORT MYERS FL 33916</b>
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<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>01/04/1995</b>	<b>3a.</b> Date of Last Report
<b>4.</b> FEI Number <b>65-0433843</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**WHITAKER, CHRISTOPHER  
3593 PALMETTO AVE.  
SUITE 3  
FT MYERS FL 33916**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 or director if applicable) (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE <b>PC</b>	<input type="checkbox"/> DELETE
NAME <b>WHITAKER, CHRISTOPHER</b>	
STREET ADDRESS <b>3593 PALMETTO AVE. #3</b>	
CITY-ST-ZIP <b>FT MYERS FL 33916</b>	
TITLE <b>SV</b>	<input type="checkbox"/> DELETE
NAME <b>DEALMEIDA, MICHAEL</b>	
STREET ADDRESS <b>3593 PALMETTO AVE. #3</b>	
CITY-ST-ZIP <b>FT MYERS FL 33916</b>	
TITLE <b>C</b>	<input type="checkbox"/> DELETE
NAME <b>WHITAKER, KAREN</b>	
STREET ADDRESS <b>3593 PALMETTO AVE. #3</b>	
CITY-ST-ZIP <b>FT MYERS FL 33916</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**-06/05/96--01021--009**  
**\*\*\*225.00**

**6-4-96**

**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)(g), 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: **Chris Whitaker** **5-15-96** **941-337-5666**  
Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E034 (12/95)