

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

97 MAY 12 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000000417 (2)**

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



Principal Place of Business: **3593 PALMETTO AVE. SUITE 3 FORT MYERS FL 33916**  
Mailing Address: **3593 PALMETTO AVE. SUITE 3 FORT MYERS FL 33916-6501**

3. Date Incorporated or Qualified: **01/04/1995**  
3a. Date of Last Report: **06/04/1996**  
4. FEI Number: **65-0433843**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**WHITAKER, CHRISTOPHER  
3593 PALMETTO AVE.  
SUITE 3  
FT MYERS FL 33916**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>500002183275--8</b>
2.4 CITY - ST - ZIP	<b>-05/19/97--01126--018</b>
3.1 TITLE	<input checked="" type="checkbox"/> <b>\$\$\$550.00</b> <input type="checkbox"/> <b>\$\$\$550.00</b> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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: **Christopher Whitaker** 5/6/97 941-337-5664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)