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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000028652 (2)

TROPICAL HURRICANE PANEL COMPANY

2. Principal Place of Businoss 2. Mailing Address 3. 4. FEI Number 65-0565577 Not Applied 6	Principal Place of Business Mailing Address 10104 N.W. 53 ST. 10104 N.W. 53 ST. SUNRISE FL 33351 SUNRISE FL 33351					DO NOT WRITE IN THIS SPACE				
2. Mailing Address 2a. Mailing Address 4. FEI Number Applied Not Applied Suite, Apt. #, etc. Sui							3. Date Incorporated or Qualified			
Suite, Apt. #, etc Suite, Ap	2 Principal P	lace of Rusiness	2. Mailing Address						<u>_</u>	colind For
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Apt. #,	_									lot Applicat
City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State Country Country Country St. This corporation was or has paid the current year Intangit Personal Property Tax due June 30. Yes No.	Suite, Apt.	#, etc	Suite, Apt. #, etc.						\$8.75	Additional
Personal Property Tax due June 30.	City & State	8				· · · · · · · · · · · · · · · · · · ·			\$5.00 May Be Added to Fees	
ERICKSON, GLEN R 8736 N.W. 40TH ST. CORAL SPRINGS FL 33065 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 reg office or registored 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 regis agent. I am familiar with, and accept the original area of the purpose of changing its reg office or registored 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 regis agent unit for the purpose of changing its reg office or registored agent agenture required when reinstaling) DATE 12. OFFICE HS AND DIRECTORS IN TITLE P	¬ '	25	29	—	ry		Personal Property Tax due June 30.		Yes	
8736 N.W. 40TH ST. CORAL SPRINGS FL 33065 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 region 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 registed agent and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature			rrent Registered Agent		-1 -	 	10. Name and Address of New Register	red Ag	ent	
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12. OFFICE HS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE P CHANGE CHANGE P CHANGE I.1 TITLE I.2 NAME I.2 NAME I.3 STREET ADDRESS COTY-SI-ZIP CORAL SPRINGS FL 33065 I.4 CITY-SI-ZIP TITLE VP DELETE 21 TITLE CHANGE CTY-SI-ZIP CHANGE CTY-SI-ZIP CHANGE CTY-SI-ZIP CORAL SPRINGS FL DELETE 22 NAME 23 STREET ADDRESS CITY-SI-ZIP CORAL SPRINGS FL DELETE 31 TITLE CHANGE	office or r agent fa	egistered agent, or both, in the Sim familiar with, and accept the of	tate of Florida. Such change wa oligations of, Section 607.0505,	s authorized b Florida Statute	oy th os.	he corporation'	ation submits this statement for the purpos is board of directors. I hereby accept the	se of ch appoin	nanging itment a	its registere s registered
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CONTEST ADDRESS 2001 NF 51ST ST 9				٠,		- 1				

City-St-ZiP

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 indicated on this annual report or supplier entity that the information indicated on this annual report or supplier entity that the information indicated on this 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 occiver or true of appears in Block 12 or Block 13 if changed, or open attachment with an address.

3.4. CITY-ST-ZIP

4.3 STREET ADORESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.1 TITLE 4.2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

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DELETE

DELETE

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SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE NAME

TITLE

NAME

FT LAUDERDALE FL

1/1998

3RZE034 (10/97

Change

Change

Addition

Addition

___ Addition

FILED

Apr 28 1998 8:00am

Secretary of State