

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000029688 (5)

1. Corporation Name

THE JEFF ROBINSON SHUTTER COMPANY, INC.



Principal Place of Business

Mailing Address

**15900 SEDGEWYCK CIRCLE NORTH
DAVIE FL 33331**

**% PATRICK C. BARTHET, ESQ.
200 S. BISCAYNE BLVD., SUITE 2870
MIAMI FL 33131**

3. Date Incorporated or Qualified
04/17/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 7592 NW 74 Avenue

26 200 S. Biscayne Blvd.

4. FEI Number
65-0582216

Applied For
☐ Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27 Suite 2120

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Miami, Florida

28 Miami, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 33166

25 USA

29 33131

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

81 Name

Patrick C. Barthet, P.A.

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

200 S. Biscayne Blvd., Ste 2120

83

Miami

84 City

FL

85 Zip Code
33131

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]
Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when reinstating)

6/5/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **ROBINSON, JEFF**
CITY-ST-ZIP **15900 SEDGEWYCK CIRCLE NORTH
DAVIE FL 33331**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **VSD**
1.3 STREET ADDRESS **Charles H. Greenberg**
1.4 CITY-ST-ZIP **Miami, Fla.
7840 sw 86 st, T #23
33143**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **VTD**
2.3 STREET ADDRESS **Debbie Baker Robinson**
2.4 CITY-ST-ZIP **15900 Sedgewyck Circle N.
Davie, Fl. 33331**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Location:

CR2E034 (3/96)