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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000039905 (1)

HURRICANE SHUTTER CONSULTANTS, INC.

FILED May 18 1998 8:00am Secretary of State



Principal Place of Busin	ess	Mailing Address				I IODAIOO AIGO ARGO ARGO ARGO ARGO ARGO ARGO ARGO AR			
9904 N.W. 9TH COURT 9904 N.W. 9TH COURT									
PLANTATION FL \$3324		PLANTATION FL 33324				DO NOT MIDITE IN TARGO	DAGE		
						DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified	PAGE		
						05/18/1995			
2. Principal Place of Bu	isiness	2a. Mailing Address				4. FEI Number	/	Applied For	
21 9550 S.W.	. 10 Court					65-0584423	1	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.				5. Certificate of Status Desired \$8.75 Additional			
22 City & State		City & State	.,					Required	
Plantatic	n, FL	28 Plantation, FL				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip Zip	Coun			8. This corporation owes or has paid the curre			
24 33324	25 USA	29 33324	30 U	SA	.			□ No	
9, Nan	ne and Address of Curren	t Registered Agent		B1		10. Name and Address of New Registered A	.gent		
GOLDSTEIN, HELAINE					Name				
9904 N.W. 9			ī	B2	Street Addre	ess (P.O. Box Number is Not Acceptable)			
PLANTATIO		,	B3	-					
			1	B4	City	FL	85 Zig	Code	
agent. Lam familiar SIGNATURE	with, and accept the obliga	ations of Section 607. 0 505, Flo	rida Statu	ites.		ion's board of directors. I hereby accept the appoint the appoint the second of directors. I hereby accept the appoint the appoint the second of directors. I hereby accept the appoint th	intment a	is registered	
Signature, ty;	ped or ponted name of trigic tericit age OFFICERS ANI		13.	Agent	signature require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12	
TITLE D	Cit (ci rici rici	DELETE	1.1 (())	.E	M		Change		
NAME GOLD	STEIN, HELAINE		1.2 NAM	ΛĖ	G	OLDSTEIN, THEODORE			
	SW 10 CT		1.3 STR	EET A	DDRESS 9	9550 S.W. 10 CT		,	
CITY-ST-ZIP PLAN	TATION FL		1.4 CIT	Y - ST-	ZIP P	Plantation, FL 33324			
TITLE		☐ DĒLETĒ	2.1 TITL				☐ Change	Addition	
NAME			2.2 NAM					İ	
STREET ADDRESS					DDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CIT 3.1 TITL		- ZIP		Change	Addition	
NAME			3.2 NAM						
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-	- ZIP				
TITLE		☐ DELETE	4.1 T(TL	E			☐ Change	, Addition	
NAME			4. 2 NAI	ME	İ				
STREET ADDRESS					DDRESS]	
CITY-ST-ZIP		DELETE	4.4 CIT		ZIP		Change	Addition	
TITLE		ניין מברגונ	5.1 TITU 5.2 NAM				change	LI ADDRIORI	
NAME STREET ADDRESS					DDRESS				
CITY-ST-ZIP			5.4 CIT		1				
TITLE		DELETE	6.1 TITE				Change	Addition	
NAME			6.2 NAM	ΛE					
STREET ADDRESS			6.3 STR	EET AC	DDRESS				
CITY-ST-ZIP			6.4 CIT						
14. I hereby certify that	the information supplied w	ith this filing does not qualify fo	r the exer	nptic	on stated in	Section 119.07(3)(i), Florida Statutes. I further cer	tify that th	e information	

indicated on this annual report or supplemental annual report is frue 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 or an attachment with en address.

4/29/98

(954) 424-3687