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96 MAY 10 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000060874 (1)**

1. Corporation Name

CLEAR CHOICE HURRICANE PROTECTION, INC.

Principal Place of Business	Mailing Address
2960 N.W. 2ND STREET BOCA RATON FL 33431	2960 N.W. 2ND STREET BOCA RATON FL 33431

3. Date Incorporated or Qualified: 08/07/1995

3a. Date of Last Report:

2. Principal Place of Business
21 2920 NW 2nd Ave #9
22 Suite, Apt. #, etc: Suite 9
23 City & State: Boca Raton, FL
24 Zip: 33431
25 Country:

2a. Mailing Address
26 Same as 2
27 Suite, Apt. #, etc:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 65-0602022 ☐ 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

9. Name and Address of Current Registered Agent

DURANTE, PATRICIA
6971 NORTH FEDERAL HIGHWAY
SUITE 304
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: Susan Hetland
82 Street Address (P.O. Box Number is Not Acceptable): 9592 Saddlebrook Dr.
83
84 City: Boca Raton FL 85 Zip Code: 33496

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: Susan Hetland SUSAN HETLAND, CORP SEC 5/7/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D Corp Sec	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HETLAND, SUSAN		1.2 NAME	
STREET ADDRESS	9592 SADDLEBROOK DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST-ZIP	
TITLE	D Treas	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, GREGORY		2.2 NAME	
STREET ADDRESS	5107 PINETREE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484		2.4 CITY-ST-ZIP	
TITLE	D President	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MYERS, GEORGE		3.2 NAME	
STREET ADDRESS	9592 SADDLEBROOK DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496		3.4 CITY-ST-ZIP	
TITLE	D V. President	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MYERS, TIM		4.2 NAME	
STREET ADDRESS	1215 SEAVIEW		4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is true, complete and 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: Susan Hetland SUSAN HETLAND 5/7/96 407/368-3506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)