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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000070327 (8)

EURO-SHUTTERS, INC.

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Mailing Address



	Palm Beach Blvd. Beach Fl 33411		Palm Beach Blvd. Beach Fl 33411					
					3. Date Incorporated or Qualifi 09/12/1995	ied 3a. Dat	e of Last Repo	rt
2. Principal Pla	ace of Business	2a. Mailing Addr	ress		4. FEI Number		App	lied For
21		26			65-0611	779	Not	Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #	, etc.		5. Certificate of Status Desired	, D	\$8.75 A	
City & State		City & State			Election Campaign Financin Trust Fund Contribution	ng 🗀	\$5.00 M	
ΞΞ1 Ζφ	Country	Zip	Count	ry	8. This corporation has liability	for intangible t		
24	25	29	30		Florida Statutes	Yes No		
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of Ne	w Registered	Agent	
			8	1 Name	JOSEPH DIBA	TTISTA		
CORPOR	RATION SERVICE COMPANY	,	B		tress (P.O. Box Number is Not Acce	optable)	<u>r</u>	
	YS STREET		ľ		4661 ROYAL PAL		H BL	.UD
	ASSEE FL 32301-2525		ē	3	1001 107130131	11 11 -1 1 -		
IALLARIA	400EE E 02001-2020		_					
			8	City 1	ROYAL PALH BEAC	и FL	85 Zip C	ode 54 //
11 Pursuant t	o the provisions of Sections 607	0502 and 607 1508. Florid	ta Statutes, the above				anging its regi	stered office
or register	ed agent, or both, in the State of	Florida Such change was	authorized by the co	rporation's boa	oration submits this statement for the ard of directors. I hereby accept the	appointment a	s registered ag	ent. I am
familiar wit	in, and accept the obligations of,	Section 607.0505, Florida	Statutes	Ral	20			
SIGNATURE	JOSEPH DIBA	T115717	se g		• /			
CONTROLL -		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Signature, typiod or printed name of registered	Lagent and title if applicable	INO1E Registered A	gent signature requir	when reinstating)	DATE	D DIRECTORS	: INI 12
12.	OFFICERS	agent and title if applicable S AND DIRECTORS	13.	gent signature requir	when reinstating) ADDITIONS/CHANGES TO	OFFICERS AN		
12.	OFFICERS PT	Lagent and title if applicable	13. LETÉ 1. 1 TITL	gent signature requir	when reinstating)	OFFICERS AN		IN 12 Addition
12. THILE NAME	OFFICERS PT DI BATTISTA, JOSEPH	agent and tife if applicable S AND DIRECTORS DE	13. LETE 1.1 TITL 1.2 NAM	gent signature requir E IE	when reinstating)	OFFICERS AN		
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14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(s)(i), Florida Statutes. Flurther 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 feceiver 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 charged, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTECHAME OF SIGNING OFFICER OR DIRECTOR

2/7/96 407 - 798 - 488