

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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000072116 (3)
1. Corporation Name
STORM - TITE, INC.

Principal Place of Business

1865 N.W. 55TH AVE.
MARGATE FL 33063
US

Mailing Address

8226 NW 63RD COURT
PARKLAND FL 33607
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1995

4. FEI Number

65-0608772

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1717 S.W. 1st Way

Suite, Apt. #, etc.

22 #16

City & State

23 Deerfield Beach, FL

Zip

24 33441

Country

25 U.S.A.

2a. Mailing Address

26 1717 S.W. 1st Way

Suite, Apt. #, etc.

27 #16

City & State

28 Deerfield Beach, FL

Zip

29 33441

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

MARUCCI, ROCCO G
633 S.E. 3RD AVENUE
#302
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

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 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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME FUSARO, JOHN T.
STREET ADDRESS 7925 FAIRVIEW DR., #101
CITY-ST-ZIP TAMARAC FL
☐ DELETE

TITLE VP
NAME KROUGH, JOSEPH
STREET ADDRESS 9928 N.W. 47TH ST.
CITY-ST-ZIP SUNRISE FL
☒ DELETE

TITLE S
NAME MARCOS BRANDAO
STREET ADDRESS 3100 RIVERSIDE DR., #105
CITY-ST-ZIP CORAL SPRINGS FL
☒ DELETE

TITLE T
NAME JAMES PARKER
STREET ADDRESS 6317 S.W. 27 ST.
CITY-ST-ZIP MIRAMAR FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 4751 SABLE Pine Circle B-1
1.4 CITY-ST-ZIP West Palm Beach, Florida, 33417
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 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:

John Fusaro

1-15-98 954-428-1400

CR2E034 (10/97)