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 # **P95000072522 (2)**

1. Corporation Name
JIM SCHMID ALUMINUM SHUTTERS, INC.

Principal Place of Business
505 SOUTH FLAGLER STREET
SUITE 1100
WEST PALM BEACH FL 33401-3475

Mailing Address
505 SOUTH FLAGLER STREET
SUITE 1100
WEST PALM BEACH FL 33401-3475

3. Date Incorporated or Qualified: **09/18/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 939 Barnett Drive
Suite, Apt. #, etc.
22
City & State
23 Lake Worth, FL
Zip 24 33461 Country 25 USA

2a. Mailing Address
26 505 South Flagler Drive
Suite, Apt. #, etc.
27 Suite 1100
City & State
28 West Palm Beach, FL
Zip 29 33401-3475 Country 30 USA

4. FEI Number: ✓ 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
MCCRACKEN, JOHN B
505 SOUTH FLAGLER STREET
SUITE 1100
WEST PALM BEACH FL 33401-3475

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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	MCCRACKEN, JOHN B	
STREET ADDRESS	505 SOUTH FLAGLER STREET, SUITE 1100	
CITY-ST-ZIP	WEST PALM BEACH FL 33401-3475	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	HAROLD ETTINGER	
1.3 STREET ADDRESS	5254 Chelan Cove	
1.4 CITY-ST-ZIP	Lake Worth, FL 33467-5514	
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	SETH D. ETTINGER	
2.3 STREET ADDRESS	5254 Chelan Cove	
2.4 CITY-ST-ZIP	Lake Worth, FL 33467-5514	
3.1 TITLE	T/S	☐ Change ☒ Addition
3.2 NAME	DOREEN A. ETTINGER	
3.3 STREET ADDRESS	5254 Chelan Cove	
3.4 CITY-ST-ZIP	Lake Worth, FL 33467-5514	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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: Harold Ettinger — 1/31/96 — 407/540-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HAROLD ETTINGER PRESIDENT/DIRECTOR