FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

POCUMENT # P95000097605 (6)

1. Corporation AERO G	Name GUTTER LICENSING, INC.							
Principa! Place	of Business	Mailing Address	Mailing Address			i indeinde fin ibene minn anen mann	10111 00119 1	ibrit tabië diini obit bili sta:
5090 SAN CAS LANTANA FL		5090 SAN CASTLE BLVD. LANTANA FL 33462						
						3. Date Incorporated or Qualified 12/21/1995	3a . D	ate of Last Report
2. Principal Pla	ace of Business	<u>⊢</u>	28. Mailing Address 26			4. FEI Number		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Zip Country		Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Curre	29 ent Registered Agen		I		10. Name and Address of New I	Registere	ed Agent
				81	Name			
ZISSETT,				82	Street Add	ess (P.O. Box Numitier is Not Acceptable)		
	n Castle BlvD. A Fl 33462			83				
LANIAN	4 FL 33402				City	FL 85 Zip Code		
familiar wil	In, and accept the obligations of Siz	iction 607.0505, Florid ict à ditio 1 à colore IND DIRECTORS	erute Reg	(Series: A.)(-)		and of directors. Thereby accept the application residence of the application of the appl	DATE	ND DIRECTORS IN 12
TITLE	D	<u>□</u> 00	LETE	1 1 Mult 12 NAME 13 STREE' ADDRESS				Criange Addition
NAME	ZISSETT, BOBBY 5090 SAN CASTLE BLVD.							
STREET ADDRESS	LANTANA FL 33462				GI - ZIP			
CITY-ST-ZIP TITLE			LETE	2 1 TH; f				Change Addition
NAMÉ	ZISSETT, JEAN			2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS	5090 SAN CASTLE BLVD.		1					
CITY-ST-ZIP	LANTANA FL 33462			2 4 CHY SI-ZIP				Change Addition
TITLE	☐ DELFIE		בניונ	3 1 T TLE 3 2 NAMÉ				
NAME STREET ADDRESS			1		1 ADDRESS			
CITY - ST - ZIP				3.4 Gity - 5				
TITLE	☐ DEL €TE		ELETE	4 1 TITLE				Change Addition
NAME				4 2 NAM				
STREET ADDRESS				4.3 STREE	FADORESS			
CITY-ST-ZIP			C. 574	440011	ST - ZIP			Change Addition
TITLE	DETE		LLT IL	5 1 THE				Change Moutton
NAME				5.2 NAME	L ACHEOGRAC			
STREET ADDRESS					LADDRESS			
CITY-ST-ZIP			ELETE	5.4 City -: 6.1 Till(F	31-71"			Change Addition
TITLE				6.2 NAME				-
NAME CTOSET ADDRESS				6.3 STREET ADDRESS				
STREET ADDRESS	1							

CITY-ST-ZIP

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. Ffurther 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 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNING OFFICER OR DIRECTOR

4-15-96 (407)585-3487

CR2E034 (12/95)