

DOCUMENT # P96000004825			
1. Entity Name PAVER CENTER & SHUTTERS, INC.			
Principal Place of Business 4460 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33308		Mailing Address 4460 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33308-5202	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
CAUVIN, RICHARD A 4460 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33308			Name
			Street Address (
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE <u>RICHARD A. CAUVIN</u> Signature, typed or printed name of registered agent and title if applicable.		<u>[Signature]</u> (NOTE: Registered Agent signature required)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	STEFFEN, G. KLAUS		
STREET ADDRESS	4460 NORTH FEDERAL HIGHWAY		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		
TITLE	VST	<input type="checkbox"/> Delete	
NAME	CAUVIN, RICHARD A		
STREET ADDRESS	4460 NORTH FEDERAL HIGHWAY		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12.			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 602.1 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 602, Florida Statutes, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>RICHARD A. CAUVIN</u>	

SIGNATURE: Richard A. Gavin 1/4/00 TEL-3338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #