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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

02-16-1999 90017 040 \*\*\*158.75

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600009368

STREET ADDRESS

**SIGNATURE:** 

CITY-ST-ZIP

PROTECTIVE SHUTTERS, INCORPORATED

	-										
Principal Place of Business		Mailing /	Mailing Address								
6629 ARBOR DRIVE MIRAMAR FL 33023			6629 ARBOR DRIVE								
		MIKAMAH	MIRAMAR FL 33023				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed		•		
							01/30/1996				
2. Principal P	Place of Business	2a. Maili	ng Address				4. FEI Number	:	App	olied For	11
21		26					65-0638073			Applicable	
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				5. Certifcate of Status Desired			dditional guired	
22			27							<del></del>	
City & State		<del> </del> -ŋ ´	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
7in	Country	<b>28</b>		Cou	intry		8. This corporation owes the curr			71 003	
Zip	25	29		30			Personal Property Tax.	entyean intangibi	es )	<b>É</b> No	
24	9. Name and Address of Curr		Agent	1301	Τ		10. Name and Address of New I	Registered Agen	t		
	<u>.</u>				81	Name					
TOR	RES, GUSTAVO				82	Street Addre	ess (P.O. Box Number is Not Accept	able)			
	P ARBOR DRIVE					Olieet Addre	COS (1:0: DOX Hambor to Horndoops		ras object	Eq. 1 4 7 144	
MIR/	AMAR FL 33023				83		2000年100日,1000年10日	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]			
					84	City	2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	85	Zip C	ode	
						•		FL	'		
11. Pursuant office or r	to the provisions of Sections 607.0	502 and 607.15	08, Florida Statut	tes, the a	ıbove-ı	named corpo	oration submits this statement for the	purpose of chang	ging its i	registered	
agent. I a	m familiar with, and accept the obli	gations of, Secti	ch change was a ion 607.0505, Flo	uthorized orida Stat	d by th	ne corporatio	n's board of directors. I hereby acce	pt the appointmen	it as reg	istered	
agent. I a SIGNATURE	m familiar with, and accept the obli	gations of, Secti	ion 607.0505, Flo	orida Stat	d by th lutes.	ne corporatioi	in's board of directors. I hereby acce		n as reg	pistered	_
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6.4 CITY-ST-ZIP

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 amaddress, with all other like empowered.