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FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000043172 (1)

1. Corporation Name

GTC HURRICANE WINDOW DISTRIBUTORS, INC.

Principal Place of Business

10045 NORTHWEST 10TH STREET
PEMBROKE PINES FL 33029

Mailing Address

10045 NORTHWEST 10TH STREET
PEMBROKE PINES FL 33029-3376



2. Principal Place of Business

21 1461 SW 30th Ave

Suite, Apt. #, etc.

22 Suite # 18

City & State

23 Pompano Beach, FL

Zip

24 33069

Country

25 Broward

2a. Mailing Address

26 1461 SW 30th Ave

Suite, Apt. #, etc.

27 Suite # 18

City & State

28 Pompano Beach, FL

Zip

29 33069

Country

30 Broward

3. Date Incorporated or Qualified

05/21/1996

3a. Date of Last Report

4. FEI Number

65-0669610

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

MARKO, DAVID EVERETT
ONE BISCAYNE TOWER, SUITE 2800
2 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME PD
DEATER, GARY T
STREET ADDRESS 10045 NORTHWEST 10TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ DELETE

NAME VD
TANN, CHARLES A
STREET ADDRESS 2001 NORTHWEST 180TH WAY
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ DELETE

NAME VD
DEATER, GARY T II
STREET ADDRESS 8840 NORTHWEST 25TH STREET
CITY-ST-ZIP SUNRISE FL 33322

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

14. I do 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.

CR2E034 (9/96)