

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000043172

1. Corporation Name

GTC HURRICANE WINDOW DISTRIBUTORS, INC.

Principal Place of Business

1461 SW 30TH AVE
SUITE 18
POMPANO BEACH FL 33069
US

Mailing Address

1461 SW 30TH AVE
SUITE 18
POMPANO BEACH FL 33069
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MARKO, DAVID EVERETT
ONE BISCAYNE TOWER, SUITE 2600
2 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

same registered agent. Change of ADDRESS ONLY!!

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1996

4. FEI Number

65-0669610

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

MARCO, DAVID EVERETT

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

3001 SW 3rd Ave.

83

84 City

MIAMI

FL

85 Zip Code

33129

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
STREET ADDRESS
CITY-ST-ZIP
PD
DEATER, GARY T
19845 NORTHWEST 10TH STREET
PEMBROKE PINES FL 33029

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DEATER, GARY T II
8640 NORTHWEST 25TH STREET
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 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, with all other like empowered.

SIGNATURE:

David T. Deater II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99 (954) 969-0068
Date Daytime Phone #

CR2E034-(1/98)