

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Aug 11, 1999 8:00 am  
Secretary of State

08-11-1999 90003 049 \*\*\*158.75

DOCUMENT # P96000047003

1. Corporation Name

SIGNATURE STORM PROTECTION, INC.



Principal Place of Business

1 ST. CLOUD LANE  
BOCA RATON FL 33431  
US

Mailing Address

1 ST. CLOUD LANE  
BOCA RATON FL 33431  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1996

2. Principal Place of Business

21 1771 N.W. 1ST COURT  
Suite, Apt. #, etc.

2a. Mailing Address

26 1771 NW 1ST COURT  
Suite, Apt. #, etc.

4. FEI Number

65-0670449

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.

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENYART, GENE

1129 SW 1 AVE 1 SAINT CLOUD LANE  
POMPANO BEACH FL 33060  
BOCA RATON, FL 33431

81 Name

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

83

84 City

FL

85 Zip Code

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 Gene Enyart, President 7/23/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~ENYART, GENE~~ ☐ DELETE  
NAME ENYART, GENE  
STREET ADDRESS 1ST CLOUD LANE 1 SAINT CLOUD LANE  
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DV ☐ DELETE  
NAME ALFRED REY  
STREET ADDRESS 1051 NE. 2ND TERR  
CITY-ST-ZIP BOCA RATON, FL 33432

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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.

SIGNATURE: Gene Enyart, Pres. 7/23/99 561-391-5191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0078593

P96000047003  
604183-90003-49



1771 N.W. First Court. Boca Raton, Florida 33432

July 23, 1999

Florida Department of State  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

We have received your 2<sup>nd</sup> notice of annual report for 1999. We have no record of having received your first notice. Therefore, we have enclosed a check in the amount of \$158.75 in full payment of the 1999 annual report fee and for a certificate of status. Please accept our payment as payment in full as we never received your first notice. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Gene Enyart", written in a cursive style.

Gene Enyart  
President