

FILE NOW: FILING FEE AFTER MAY 1 IS \$

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF THE STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000064486 (9)**

1. Corporation Name

**YODER WINDOW & HURRICANE SECURITY COMPANY**



Principal Place of Business	Mailing Address
2033 MAIN STREET SUITE 101 SARASOTA FL 34237	4519 NORTHGATE CT SUITE 101 SARASOTA FL 34237-8049
4519 NORTHGATE CT SARASOTA FL 34237	4519 NORTHGATE CT SARASOTA FL 34237

2. Principal Place of Business	2a. Mailing Address
21 4519 NORTHGATE CT	25 4519 NORTHGATE CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 SARASOTA FLA	28 SARASOTA FLA
Zip	Zip
24 34234	29 34234
Country	Country
25 U.S.A.	30 U.S.A.

3. Date Incorporated or Qualified	3a. Date of Last Report
08/01/1996	
4. FEI Number	Applied For
65-0686334	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

PFLUGNER, J. GEOFFREY  
2033 MAIN STREET  
SUITE 101  
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name	GARY SHAPIRO
82 Street Address (P.O. Box Number is Not Acceptable)	4519 NORTHGATE CT
83	
84 City	SARASOTA FLA
85 Zip Code	34234

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: GARY SHAPIRO Pres GARY SHAPIRO 4/8/97  
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	D	<input type="checkbox"/> DELETE
NAME	SHAPIRO, GARY	
STREET ADDRESS	9333 N WASHINGTON BLVD.	
CITY - ST - ZIP	SARASOTA FL 34234	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARY SHAPIRO	
1.3 STREET ADDRESS	4519 Northgate Court	
1.4 CITY - ST - ZIP	Sarasota, Florida 34234	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STACEY SHAPIRO	
2.3 STREET ADDRESS	4519 NORTHGATE CT	
2.4 CITY - ST - ZIP	SARASOTA FLA 34234	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: GARY SHAPIRO President 3/27/97 941-358-0811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)