

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

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90083 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000068696			
1. Corporation Name GULFSTREAM INTERIOR WOOD SHUTTERS, INC.			
Principal Place of Business 5610 NW 12TH AVE SUITE 206 FT LAUDERDALE FL 33309 US		Mailing Address 5610 NW 12TH AVE SUITE 206 FT. LAUDERDALE FL 33309 US	
2. Principal Place of Business 21 199 NW 28th ST Suite, Apt. #, etc. 22 BAY #9 City & State 23 BOCA RATON, FL Zip 24 33431 25 USA		2a. Mailing Address 26 199 NW 28th ST Suite, Apt. #, etc. 27 BAY #9 City & State 28 BOCA RATON, FL Zip 29 33431 30 USA	
9. Name and Address of Current Registered Agent POHLMAN, STEPHEN 5610 NW 12TH AVE #206 FT. LAUDERDALE FL 33309			
10. Name and Address of New Registered Agent 81 Name STEPHEN POHLMAN 82 Street Address (P.O. Box Number is Not Acceptable) 199 NW 28th ST. 83 BAY #9 84 City BOCA RATON FL 85 Zip Code 33431			
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P POHLMAN, STEPHEN	1.1 TITLE	P POHLMAN, STEPHEN
NAME	5610 NW 12TH AVE	1.2 NAME	199 NW 28TH ST, BAY #9
STREET ADDRESS	FT LAUDERDALE FL	1.3 STREET ADDRESS	BOCA RATON, FL 33431
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP STRONG, RICHARD	2.1 TITLE	
NAME	5610 NW 12TH AVE	2.2 NAME	
STREET ADDRESS	FT LAUDERDALE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/19/1996	
4. FEI Number 65-0691579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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: Stephen Pohlman SKD POHLMAN 1/6/99 561-416-1172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)