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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name
All American

98 MAR 16 AM 8:33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

,	•	1''	-4X			
Principal Place of Business	Mailing Address	1 1	10			
1883 Church ST	Same	-				
West Palm Back, for 3						
west paim beach, po 3	3409			3. Date Incorporated or Qualified 9 - 96	3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
1 26				65-0697900	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Žip Country	Zip	Count	ry	8. This corporation has liability for in		
24 25	29	30]			Yes No	
9. Name and Address of Curren		8.	1 Name	10. Name and Address of New Reg	Istered Agent	
Hlan 13145			1			
Alan BILS 1883 Church ST West Palm Beach, 6 33409				Street Address (P.O. Box Number is Not Acceptable)		
west faim Beach	A 33409	63	1			
		84	' '		FL 85 Zip Code	
<ol> <li>Pursuant to the provisions of Sections 607,050;</li> <li>office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation.</li> </ol>	of Florida. Such change was a	authorized b	ov the corporat	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered the appointment as registered	
SIGNATURE			,			
Signature, typed or printed name of registered age			gent signature requi	red when reinstating)	DATE	
12. OF FICERS AND	DELETE DELETE	13.		ADDITIONS/CHANGES TO OFFICE	······································	
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CITY-ST-ZIP WPB & 33409		1.4 CITY -			·   }	
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NAME		3.2 NAME				
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NAME		6.2 NAME	.	~ [1		
STREET ADDRESS		63 STREET	T ADDRESS		·	

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 applicachment with an address.

SIGNATURE:

3-10-98

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## ALL AMERICAN SHUTTERS, INC. 1883 CHURCH STREET WEST PALM BEACH, FL 33409 (561) 478-2122

March 10, 1998

Secretary of State of Florida Annual Reports Filings Division of Corporations PO Box 1500 Tallahassee, Fl 32302-1500

Re: All American Shutters, Inc.

Dear Sirs,

It has just come to our attention that our corporation was dissolved in August of 1997 because we did not file our Corporate annual report for 1997. After speaking with someone in your office, it appears that the reason we did not file was because we did not receive our annual report. Please be advised that we moved at the end of 1996 and we never received the annual report. Enclosed, please find a current Annual report with our current address. Also enclosed is our check in the amount of \$315.00 to cover the filing fees for 1996 and 1997.

We respectfully request that you waive any late or reinstatement fees for our Corporation.

If you have any questions, please do not hesitate to contact me at the above number.

Sincerely,

alan Bias

Alan Bias, President