

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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90093 036 \*\*\*150.00

DOCUMENT # P96000077051

1. Corporation Name  
ALL AMERICAN SHUTTERS, INC.

\$150.00



Principal Place of Business  
1993 CHURCH STREET  
WEST PALM BEACH FL 33409

Mailing Address  
1993 CHURCH STREET  
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/16/1996

4. FEI Number  
65-0697900

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

2. Principal Place of Business  
21 1540 Donna Rd  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1540 Donna Rd  
Suite, Apt. #, etc.

22 City & State  
23 WPB FL

27 City & State  
28 WPB FL

24 Zip 33409 Country

29 Zip 33409 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIAS, ALAN  
1883 CHURCH STREET  
WEST PALM BEACH FL 33409

81 Name Alan Bias  
82 Street Address (P.O. Box Number is Not Acceptable)  
1540 Donna Rd  
83  
84 City WPB FL 85 Zip Code 33409

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

1-20-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME BIAS, ALAN  
STREET ADDRESS 1883 CHURCH STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33409

1.1 TITLE P/D  
1.2 NAME Alan Bias  
1.3 STREET ADDRESS 1540 Donna Rd  
1.4 CITY-ST-ZIP WPB FL 33409

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

1-21-99 501-712-9882

0327375

CR2E034 (11/98)