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

PROFIT CORPORATION ANNUAL REPORT

1999

PRO-TECT HURRICANE SYSTEMS INC.

1. Corporation Name

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

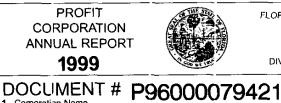
STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90181 013 ***150.00

Principal Place	of Business	Mailing Address					
4691 S.W. 45TH STREET DAVIE FL 33314		4691 S.W. 45TH STREET DAVIE FL 33314	7.00		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 09/25/1996		
Principal Place of Business 2a. Mailing Address					4. FEI Number	P	pplied For
21					65-0767191	N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	Ŧ	Ac ditional
22		27	27		Fee Required		Required
City & State	•	City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28	28		Trust F and Contribution Added to Fees		
Zip	Coun ry	Zıp	Zip Country		8. This corporation owes the current year	t year Intangible	
24	25 29 30				Personal Property Tax.		[No
9. Name and Address of Current Registered Agent					10. Name and Address of New Register	a i Agent	
PERRY, RICHARD 16292 NW 174TH ST PEMBROKE PINES FL 33028				Gity		· L _ `	Code
office or re	to the provisions of S∈ctions 607.05 agistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was auth	orized by	y the corpo.	corporation submits this statement for the purpose retion's board of cirectors. I hereby accept the ap	of changing it cointment as r	ts registered registered
SIGNATURE	Signature, typed or printed na ne of registered ag	ent and title if applicable. (NOT : Re	aistered Age	ent signature re	gured when reinstating) DATE		
12.		NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	OF:S IN 12
TITLE	P DELETE I		1.1 TITLE			Change	Addition
NAME	PERRY, RICHARD		1.2 NAME				
STREET ADDRESS			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	ACT INDICATE OF THE PARTY		1 4 CITY-	ST-ZIP			
TITLE	TEMPLOTIC THE TE GOODS	☐ DELETE	2.1 TITLE	+		☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			2.4 CITY				
TITLE		☐ DELETE	3.1 TITLE	01748		Change	Addition

6.4 CITY-ST-ZIP 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 indical ed on this annual report or supplemental annual report is true and accurate and that my signal une 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 change 1, or on an attachment with an address, with all other like empowered.

3.2 NAME

4.1 TITLE

4.2 NAME

51 TITLE

52 NAME

6.1 TITLE

62 NAME

□ DELETE

□ DELETE

☐ DELETE

3 3 STREET ADDRESS

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

CR2E034 (11/98)

Addition

☐ Addition

Addition

☐ Change

☐ Change

☐ Change