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RROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

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FILED
Apr 21 1997 8:00am
Secretary of State

SOUTH FLORIDA HURRICANE SHU	TTERS, INC.				a ann ag h a a n agus ag h a	\$41 :91 2 119 1 1:14) 1101 1201
Principal Place of Business Mailing Address 2740 E OAKLAND PARK BLVD. #204 FT LAUDERDALE FL 33306-1626					1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994		
				3. Date Incorpor 11/25/1996	ated or Qualified 3a	, Date of Last F	leport
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		A	oplied For
21	26			1 6916	MV336V	/	ot Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #. etc.			5. Certificate of	Status Desired		Additional equired
City & State	City & State			6. Election Camp	paign Financing	\$5.00	May Be
23	28			Trust Fund Co	entribution 🔲		to Fees
Zip Country	Zip	Count	гу		on has liability for intang		. 199.032,
24 25	29	30]		Florida Statute			
9. Name and Address of Currer	it Hegistered Agent		1 Name		Idress of New Register	red Agent	
. WEINER, EUGENE		["	Name				
2740 E. OAKLAND PARK BLVD		8	2 Street	Address (P.O. Box Numb	er is Not Acceptable)		
#204 ET LAUDEDDALE EL 00000		8	a			· · · · · · · · · · · · · · · · · · ·	
, FT LAUDERDALE FL 33308		"	1				
		(B	4 City		1	85 Zip	Code
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent Term familiar with, and accord the oblig SIGNATURE Security and guaranteed agent place of registered agent. Security and guaranteed agent place of registered agent.			wan	NE WENE PI	WEIDENT DA		Togististed
12. OFFICERS AN		13.	gan signatur		IANGES TO OFFICERS		RS IN 12
Title D	DELETE	1.1 TITLE		PRESIDENT	······································	Change	
NAME WEINER, EUGENE		1.2 NAM	E	1			
STREET ADDRESS 2841 N. OCEAN BLVD. #1604		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP FT LAUDERDALE FL 33308		1.4 CITY	-ST-ZIP			/_	
TITLE D	DELETE	2.1 TITLE		SKERKETHRY		Change	Addition
NAME VENEYER, PENNY L		2.2 NAM	٤	,			
STREET ACCRESS 190 S.W. 77TH AVENUE		- 6	ET ADORESS	} •			
THE D	DELETE .		- ST - ZIP		 	Phase	- Labore
DOSTANT MADE	LJ DELESE.	3.1 TITLE		TREASURER		Change	Addition
STREET ADDRESS 2841 N. OCEAN BLVD. #1604		3.2 NAM					
CITY-SI ZIP FT LAUDERADLE FL 33308			ET ADDRESS	}			
THE	☐ DELETE	4.1 TIFUE	-ST-ZIP	VICE POSSIDENT	·	Change	Addition
NAME		4. 2 NAN		WAYNE P. VENER	ier de.		Para - Indicate
STREET ADDRESS				1933 Sw 56 AVE	HUE		
CITY - S1 - 7/P		4.4 CITY		MARCHANK, W	3306B		
THLE	DELETE	5.1 TITLE		***************************************	······································	Change,	Addition
NAM		5.2 NAM	E			XL	البال
STREET ADDRESS		53 STRE	ET ADDRESS	1		Y	14171k
CHY-ST-709		5.4 CiTY	-ST-ZIP			()	1
TITLE	☐ DELETE	6.1 TITUE		م المناه المناه المناه		☐ Change	Addition
NAME		6.2 NAM	E	1 4UUU 1 4UUU	0021493 79701115	3U4	
STREET ADORESS		6.3 STRE	ET ADDRESS	***173	:/31************************************	กาล	
CHY - \$1 - 70°		6.4 CITY	-ST-ZIP	<u>₹₹₹₹</u> 1€	- 13		

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:

SIGNATURE THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 16/96 (954) 566 - 6765

Daytime Phone # 000000