FILED

Apr 27, 1999 8:00 am Secretary of State

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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

DOCUMENT # P9700004938

CONTEN	MPORARY SHUTTER SYSTI	EMS INC.					
Principal Plac	e of Business	Mailing Address			1 10011025 (10 10111 1801) 00111 0011		INTERNATION PROFESSIONS
1961 DELOY DR. 1961 DELOY DR. DAYTONA 3CH. FL 32119 DAYTONA BCH. FL 32119					DO NOT WRIT	E IN THIS SPACE	:
					3. Date Incorporated or Qualifed		
					01/14/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21		26		59-3420910		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		. — — — — — — — — — — — — — — — — — — —				\$8.7	75 Additional
27					5. Certi cate of Status Desired	Fe-	e Required
City & Stat	te	City & State	City & State		6. Election Campaign Financing		.00 мау Ве
23		28			Trust Fund Contribution	Add	ded to Fees
Zip	Country	Zip	Country		This corporation owes the current		.
24	25	· 	30		Personal Property Tax.	Yes	No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New R	egistered Agent	
coc	NK BAYMOND H IB		01	Hanne			
COOK, RAYMOND H JR 1961 DELOY DR.			82	Street Ad	dress (P.O. Box Number is Not Accepta	ble)	
DAYTONA BCH. FL 32119			83				
1///	TONA BON. TE GETTIS		83				
			84	City		= 85	Zip Code
44 Pursuant	to the provisions of Rections 607.05	612 and 607 1508. Florida Statute	es the above	e-named col	rporation submits this statement for the	purpose of changin	na its reaistered
offic∈ or i	registered agent, or both, in the Statem familiar with, and accept the oblig	€ of Florida. Such change wa₃ a	uthorized by	the corpora	ation's board of directors. I hereby accep	t the appointment a	as registered
SIGNATURE							
			Registered Ager	nt signature r qui	oired when reinstatir g) ADDI TONS/CHANGES TO OFF	DAT :	CTORS IN 12
TITLE		OFFICERS AND DIRECTORS T DELETE			ADDI IONS/CHANGES TO OFF	Cha	
	PVST COOK, RAYMOND H JR.	bell to	1.1 TITLE 1.2 NAME			_	. .
NAME	4044 DELOV DE			T ADDRESS			
STREET ADD RESS	DAYTONA BCH. FL 32119		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
TITLE	DATTONA BCH. FL 32119	☐ DELETE	2.1 TITLE			Cha	ange Addition
		<u>_</u>	2 2 NAME				
NAME STREET ADD RESS				T ADDRESS			
TITLE		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE			Cha	inge Addition
NAME			3.2 NAME				
STREET ADD RESS			3.3 STREET	T ADDRESS			
CITY-ST-ZIP			3 4. CITY-S				
TITLE		☐ DELETE	4.1 TITLE			☐ Cha	ange Addition
NAME	;		4. 2 NAME				
STREET ADD RESS			4 3 STREET	TADORESS			
CITY-ST-ZIP			44 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Cha	ange
NAME			5.2 NAME				
STREET ADD RESS			53 STREE	TADORESS			
CITY-ST-ZIP			5.4 CITY-S	T- ZIP			
TITLE		☐ DELETE	61 TITLE			☐ Cha	ange
NAME			6.2 NAME				
STREET AND PESS	I		6.3 STREE	T ADDRESS			

14. I hereby certify that the inform ation 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 a scurate and that my sign ature shall have the same legal effect as if made under oath; that I am an office or 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.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP