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

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR -6 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000018173 (9)

1. Corporation Name
CONTRACTORS SHUTTER SUPPLY INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
854 N DIXIE HWY LANTANA FL 33462	854 N DIXIE HWY LANTANA FL 33462

3. Date Incorporated or Qualified: 02/25/1997
4. FEI Number: 65-0735420 — 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 or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. **Name and Address of Current Registered Agent**
KAPTIS, PAUL
854 N DIXIE HWY
LANTANA FL 33462

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: *Paul Kaptis*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	[ ] DELETE	1.1 TITLE [ ] Change [ ] Addition
NAME	SCHMID, JAMES A		1.2 NAME
STREET ADDRESS	8755 LAKESIDE BLVD		1.3 STREET ADDRESS
CITY-ST-ZIP	VERO BEACH FL 32963		1.4 CITY-ST-ZIP
TITLE	D	[ ] DELETE	2.1 TITLE [ ] Change [ ] Addition
NAME	SCHMID, MARIE J		2.2 NAME
STREET ADDRESS	8755 LAKESIDE BLVD		2.3 STREET ADDRESS
CITY-ST-ZIP	VERO BEACH FL 32963		2.4 CITY-ST-ZIP
TITLE	D	[ ] DELETE	3.1 TITLE [ ] Change [ ] Addition
NAME	KAPTIS, PAUL J		3.2 NAME
STREET ADDRESS	3852 JONATHONS WAY		3.3 STREET ADDRESS
CITY-ST-ZIP	BOYNTON BEACH FL 33462		3.4 CITY-ST-ZIP
TITLE	D	[ ] DELETE	4.1 TITLE [ ] Change [ ] Addition
NAME	KAPTIS, SANDRA J		4.2 NAME
STREET ADDRESS	3852 JONATHONS WAY		4.3 STREET ADDRESS
CITY-ST-ZIP	BOYNTON BEACH FL 33462		4.4 CITY-ST-ZIP
TITLE		[ ] DELETE	5.1 TITLE [ ] Change [ ] Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		[ ] DELETE	6.1 TITLE [ ] Change [ ] Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

200002836832--0
-04/12/99--01132--007
****900.00 ****900.00

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.

SIGNATURE: *Paul Kaptis*

CR2E034 (10/97)