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FILED  
Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000074494 (0)

1. Corporation Name

HURRICANE PROTECTION INDUSTRIES, INC.

Principal Place of Business

Mailing Address

200 S. BISCAYNE BLVD., STE. 1800  
MIAMI FL 33131

200 S. BISCAYNE BLVD., STE. 1800  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3440 NW 73 AVE

2a. Mailing Address

26 3440 NW 73 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ~~MIAMI, FL~~

27

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

Zip

Country

24 33122

25 USA

Zip

Country

29 33122

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/27/1997

4. FEI Number

65-0783812

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.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

BARTHET, PATRICK C  
200 S. BISCAYNE BLVD., STE. 1800  
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~0~~ ☒ DELETE

NAME ~~BARTHET, PATRICK C~~  
STREET ADDRESS ~~200 S. BISCAYNE BLVD., STE. 1800~~  
CITY-ST-ZIP ~~MIAMI FL 33131~~

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME PRES. LAWRENCE L. KIBLER  
1.3 STREET ADDRESS 3440 NW 73 AVE  
1.4 CITY-ST-ZIP MIAMI, FL. 33122

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME SEC. DONALD J. KIPNIS  
2.3 STREET ADDRESS 3440 NW 73 AVE  
2.4 CITY-ST-ZIP MIAMI, FL. 33122

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME C, T. JEFFERY T. ROBINSON  
3.3 STREET ADDRESS 3440 NW 73 AVE  
3.4 CITY-ST-ZIP MIAMI, FL. 33122

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE

Lawrence L. Kibler Pres.

LAWRENCE L. KIBLER  
PRESIDENT 1-28-98

305-591-3500

CP2E034 (10/97)