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

PROFIT CORPORATION ANNUAL REPORT

1998

Suite, Apt. #, etc.

SIGNATURE:

City & State

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000079471 (3)

THE SEE THRU SHUTTER COMPANY

Country

9. Name and Address of Current Registered Agent

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ADLER, MITCHELL D ESQ.

Principal Place of Business	Mailing Address	***************************************
500 EAST BROWARD BLVD. - SUITE 1950 FORT LAUDERDALE FL 33394	500 EAST BROWARD BLVD. SUITE 1950 FORT LAUDERDALE FL 33394	
2. Principal Place of Business	2a. Malling Address	Marine

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Suite, Apt. #, etc.

City & State

FILED Feb 02 1998 8:00am Secretary of State



UO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year intangible

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

 Date Incorporated or Qualified 09/15/1997

5. Certificate of Status Desired

 Election Campaign Financing Trust Fund Contribution

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

MOMBACH, BOYLE & HARDIN, P.A. 500 E. BROWARD BLVD., SUITE 1950					82 Street Address (P.O. Box Number is Not Acceptable)						
	FORT LAUDERDALE FL 33394										
			84	City		85	Zip Со	de			
		filmon Chak ke. at			Con L						
11. Pursuant to the provisions of Sections 607 0502 and 607,1508, Florida Statutes, the above-trained 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 Structure, trust or printed name of registered agent and title it applicable. (NO/E, Hegistered Agent signature required when reinstating) OA/E											
12. OFFICERS AND DIRECTORS 13.											
TITLE	The state of the s		1.1 TITLE		TRESIDENT + SECTION	Char	ige [Addition			
NAME	HILL, GEORGE A II		1.2 NAME	ĺ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			i			
STREET ADDRESS	604 ASBURY WAY	N N	1.3 SiREEL	sonress l							
CITY-SI-ZIP	BOYNTON BEACH FL 33426	W	14 CITY-51)				ľ			
VITLE			71 πηξ		TREACH BEATT DIRECTOR	Char	ige 2	Addition			
NAME	HILL BARBARA		2 2 NAME	İ	ALPER NON OF DIRECTOR	0.3	,				
STREET ADDRESS	8561 N.W. 52ND STREET		a a STREET A	ADDRESS	TREASURER-SECRETAL	KY -					
CHY-ST-ZIP	LAUDERHILL FL 33426	₩.	2.4 ONY-5		0	,					
TITLE			s i Title			Char	ge [Addition			
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GDY - ST - ZIP		# :	3.4 CITY-51	i-71P				ł			
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NAME			2 NAME)				1			
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CITY-ST-2/P			4 CHY-ST				7**************				
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this airrulal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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.											

Country

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