

CORPORATION  
ANNUAL REPORT



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

DOCUMENT # P97000079471

1. Corporation Name

THE SEE THRU SHUTTER COMPANY

FILED  
SECRETARY OF STATE  
ONLINE CORPORATION

07-29-1999 90005 007 \*\*\*150.00  
07-29-1999 90005 007 \*\*\*150.00

99 AUG 12

Principal Place of Business Mailing Address  
1315 Neptune Drive 2021 Tyler Street  
Boynton Beach, FL 33428 Hollywood, FL 33022

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 1315 Neptune Drive 26 2021 Tyler Street  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Boynton Beach, FL 28 Hollywood, FL  
24 Zip 29 Country 30 Country  
33428 Palm Beach 33022 Broward

3. Date Incorporated or Qualified 3a. Date of Last Report  
9/15/97 2/2/98  
4. FEI Number 4. Applied For  
65-0823922 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing  \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

Adler, Mitchell D. Esq.  
Mombach, Boyle & Hardin, P.A.  
500 E. Broward Blvd., Suite 1950  
Fort Lauderdale, FL 33394

10. Name and Address of New Registered Agent

81 Name Mitchell D. Adler, Esq.  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 2021 Tyler Street  
84 City Hollywood FL 85 Zip Code 33022

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when remaining

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE P	12.2 NAME HILL, George E	13.1 TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
12.3 STREET ADDRESS 1315 Neptune Drive	12.4 CITY - ST - ZIP Boynton Beach, FL 33428	13.2 NAME	
12.5 TITLE STDP	12.6 NAME Hill, Barbara	13.3 STREET ADDRESS	
12.7 STREET ADDRESS 13800 Alexandria Court	12.8 CITY - ST - ZIP Davie, FL 33325	13.4 CITY - ST - ZIP	
12.9 TITLE V.P.	12.10 NAME HILL, GEORGE A. II	13.5 TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
12.11 STREET ADDRESS 1315 NEPTUNE DRIVE	12.12 CITY - ST - ZIP BOYNTON BEACH, FL 33428	13.6 NAME	
12.13 TITLE	12.14 NAME	13.7 STREET ADDRESS	
12.15 STREET ADDRESS	12.16 CITY - ST - ZIP	13.8 CITY - ST - ZIP	
12.17 TITLE	12.18 NAME	13.9 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12.19 STREET ADDRESS	12.20 CITY - ST - ZIP	13.10 NAME	
12.21 TITLE	12.22 NAME	13.11 STREET ADDRESS	
12.23 STREET ADDRESS	12.24 CITY - ST - ZIP	13.12 CITY - ST - ZIP	
12.25 TITLE	12.26 NAME	13.13 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12.27 STREET ADDRESS	12.28 CITY - ST - ZIP	13.14 NAME	
12.29 TITLE	12.30 NAME	13.15 STREET ADDRESS	
12.31 STREET ADDRESS	12.32 CITY - ST - ZIP	13.16 CITY - ST - ZIP	

Handwritten initials/signature

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(a), 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: *Barbara Hill*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date Office Phone