

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<br>21 1315 Neptune Drive<br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 2021 Tyler Street<br>Suite, Apt. #, etc. | 3. Date Incorporated or Qualified<br>9/15/97   | 3a. Date of Last Report<br>2/2/98   |
| 22 City & State<br>23 Boynton Beach, FL  | 27 City & State<br>28 Hollywood, FL                                | 4. FEI Number<br>65-0823922  | 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 Zip<br>33428  | 25 Country<br>Palm Beach   | 29 Zip<br>33022  | 30 Country<br>Broward   |
| 2. Principal Place of Business   |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                   |   |
| 2. Principal Place of Business   |  | 6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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<br>Mitchell D. Adler, Esq.                    |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 2021 Tyler Street                                  |
| 84 City<br>Hollywood                                  |
| 85 FL   |
| 86 Zip Code<br>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<br>P                               | 12.2 NAME<br>Hill, George A. II                 | 13.1 TITLE<br>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |  |
| 12.3 STREET ADDRESS<br>1315 Neptune Drive     | 12.4 CITY-STATE-ZIP<br>Boynton Beach, FL 33428  | 13.2 NAME  |  |
| 12.5 TITLE<br>STDP                            | 12.6 NAME<br>Hill, Barbara                      | 13.3 STREET ADDRESS  |  |
| 12.7 STREET ADDRESS<br>13800 Alexandria Court | 12.8 CITY-STATE-ZIP<br>Davie, FL 33325          | 13.4 CITY-STATE-ZIP  |  |
| 12.9 TITLE<br>V.P.                            | 12.10 NAME<br>HILL, GEORGE A. II                | 13.5 TITLE   |  |
| 12.11 STREET ADDRESS<br>1315 NEPTUNE DRIVE    | 12.12 CITY-STATE-ZIP<br>BOYNTON BEACH, FL 33428 | 13.6 NAME  |  |
| 12.13 TITLE                                   |   | 13.7 STREET ADDRESS  |  |
| 12.14 STREET ADDRESS                          |   | 13.8 CITY-STATE-ZIP  |  |
| 12.15 TITLE                                   |   | 13.9 TITLE   |  |
| 12.16 NAME                                    |   | 13.10 NAME   |  |
| 12.17 STREET ADDRESS                          |   | 13.11 STREET ADDRESS   |  |
| 12.18 CITY-STATE-ZIP                          |   | 13.12 CITY-STATE-ZIP   |  |
| 12.19 TITLE                                   |   | 13.13 TITLE  |  |
| 12.20 NAME                                    |   | 13.14 NAME   |  |
| 12.21 STREET ADDRESS                          |   | 13.15 STREET ADDRESS   |  |
| 12.22 CITY-STATE-ZIP                          |   | 13.16 CITY-STATE-ZIP   |  |

08/12

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

Division Phone #