

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000082499 (9)

1. Corporation Name
GULF COAST SHUTTER REPAIR INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2338 WESTWOOD ROAD NO FT MYERS FL 33917		Mailing Address 2338 WESTWOOD ROAD NO FT MYERS FL 33917	
2. Principal Place of Business 21 2885 Palm Bch Blvd Suite, Apt. #, etc. 22 A-102 City & State 23 FORT MYERS FL Zip 24 33916		2a. Mailing Address 26 2885 Palm Bch Blvd Suite, Apt. #, etc. 27 A-102 City & State 28 FORT MYERS, FL Zip 29 33916	
3. Date Incorporated or Qualified 08/22/1997		4. FEI Number 05-0778279	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of Current Registered Agent BAUMANN, KEITH 2338 WESTWOOD ROAD NO FT MYERS FL 33917	
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number, is Not Acceptable) 83 2885 Palm Bch Blvd 84 # A-102 85 City FORT MYERS FL 86 Zip Code 33916		10. Name and Address of New Registered Agent	

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 Keith Baumann DATE 3/13/98
Signature typed or printed name of registered agent and file, if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMAN, KEITH	1.2 NAME	2885 Palm Bch Blvd # A-102
STREET ADDRESS	2338 WESTWOOD ROAD	1.3 STREET ADDRESS	FORT MYERS, FL 33916
CITY-ST-ZIP	NO FT MYERS FL 33917	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMAN, DENISE	2.2 NAME	2885 Palm Bch Blvd # A-102
STREET ADDRESS	2338 WESTWOOD ROAD	2.3 STREET ADDRESS	FORT MYERS, FL 33916
CITY-ST-ZIP	NO FT MYERS FL 33917	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Keith Baumann DATE 3/13/98

CR2E034 (10/97)