

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

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90153 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000082499

1. Corporation Name

GULF COAST SHUTTER REPAIR INC.



Principal Place of Business 2885 PAL BCH BLVD A-102 FT MYERS FL 33916 US	Mailing Address 2885 PALM BEACH BLVD A-102 FT MYERS FL 33916 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 907 Hancock Bridge Pkwy Suite, Apt. #, etc. 22 City & State Cape Coral, FL Zip 33990 25 Lee	2a. Mailing Address 26 907 Hancock Bridge Pkwy Suite, Apt. #, etc. 27 City & State Cape Coral FL Zip 33990 30 Lee
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3. Date Incorporated or Qualified 09/22/1997	4. FEI Number 65-0778279	Applied For Not Applicable
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	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent BAUMANN, KEITH 2885 PALM BEACH BLVD. A-102 FT MYERS FL 33916	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 907 Hancock Bridge Pkwy 83 84 City Cape Coral 85 Zip Code 33990
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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 / President DATE: 4/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME BAUMAN, KEITH STREET ADDRESS 2885 PALM BCH BLVD, A-102 CITY-ST-ZIP FT MYERS FL 33916	<input type="checkbox"/> DELETE	1.1 TITLE BAUMANN, Keith 1.2 NAME 907 Hancock Bridge Pkwy. 1.3 STREET ADDRESS Cape Coral FL 33990 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME BAUMAN, DENISE STREET ADDRESS 2885 PALM BCH BLVD, A-102 CITY-ST-ZIP FT MYERS FL 33916	<input type="checkbox"/> DELETE	2.1 TITLE BAUMANN, Denise 2.2 NAME 907 Hancock Bridge Pkwy 2.3 STREET ADDRESS Cape Coral FL 33990 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Keith Baumann DATE: 4/29/99 (941) 461-0855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)