

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 97000095027
1. Corporation Name

FLORIDA SHUTTERS PROTECTION, INC.

Principal Place of Business Mailing Address

2637 E. ATLANTIC BLVD.
SUITE 127
POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/05/97
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0792094
24 Country	29 Country	Applied For
	30 Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired
FELISBERTO LOPEZ		☐ \$8.75 Additional
1621 SW 4th AVENUE		Fee Required
POMPANO BEACH, FL 33060		6. Election Campaign Financing
		Trust Fund Contribution
		☐ \$5.00 May Be
		Added to Fees
		8. This corporation owes or has paid the current year Intangible
		Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent	81 Name
	JOSE HENRIQUE DE LIMA
	82 Street Address (P.O. Box Number is Not Acceptable)
	2637 E. ATLANTIC BLVD.
	83 SUITE 127
	84 City
	POMPANO BEACH, FL
	85 Zip Code
	33062

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

Jose Henrique de Lima
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/24/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT & TREASURER ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EMANUEL VIGARIO	1.2 NAME	
STREET ADDRESS	5900 NE 22 WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	1.4 CITY-ST-ZIP	
TITLE	V.P. & SECRETARY ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOSE HENRIQUE DE LIMA	2.2 NAME	
STREET ADDRESS	5900 NE 22 WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308 ☐ DELETE	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	400002470394
STREET ADDRESS		5.3 STREET ADDRESS	-03/27/98--01018--017
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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

Jose Henrique de Lima

954 771-5372

CR2E034 (10/97)