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Secretary of State

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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 # P97000095027✓

1. Corporation Name

Florida Shutters Protection, Inc.

Principal Place of Business

Mailing Address

 2213 E. Atlantic Blvd
 Pompano Beach, FL
 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/5/97

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0792094 ✓	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
24	29		
25	30		

9. Name and Address of Current Registered Agent

 Emanuel Vigario
 2213 E. Atlantic Blvd
 Pompano Beach, FL 33062

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	1.2 NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	1.3 STREET ADDRESS	CITY-ST-ZIP
		1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	2.2 NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	2.3 STREET ADDRESS	CITY-ST-ZIP
		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	3.2 NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	3.3 STREET ADDRESS	CITY-ST-ZIP
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	4.2 NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	4.3 STREET ADDRESS	CITY-ST-ZIP
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	5.2 NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	5.3 STREET ADDRESS	CITY-ST-ZIP
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	6.2 NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	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 its 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 in attachment with an address, with all other like empowered.

SIGNATURE:

 E. Vigario
 Signature and Typed or Printed Name of Signing Officer or Director

Date

6/2/99

Daytime Phone #

CR2E034 (11/98)