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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000097008**

1. Corporation Name

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90038 021 \*\*\*150.00

	STORIN SHUTTER MANUFA							
Principal Place of Business			Mailing Address					
1577 SW 1ST WAY E-8 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 3344				41	I		DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed 11/10/1997	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number · Applied For	
21		26	26				65-0792372 Not Applica	ble
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired See Required	1
22			27				Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	}
23		28					Trust Fund Contribution Added to Fees	
Zip	Country		Zip	Counts	гу		8. This corporation owes the current year Intangible Personal Property Tax. Yes No	
24	25	29		30			Personal Property Tax. LI Yes XINO  10. Name and Address of New Registered Agent	-
	9. Name and Address of Currer	it Regist	erea Agent	8	1	Name	(U. Maille and Address of New Neglection Agent	
RADI	e, Cheryl L			Ľ	1			
2840 NE 33RD CT. #16				8	82 Street Address (P.O. Box Number is Not Acceptable)			
FORT LAUDERDALE FL 33306								$\neg$
				8	Ĭ			
				8	4	City	FL 85 Zip Code	1
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	a. Such change was a	iutnorizea d	yι	ine corporation	poration submits this statement for the purpose of changing its registere ion's board of directors. I hereby accept the appointment as registered	ed
SIGNATURE	Signature, typed or printed name of registered age			: Registered Ag	ent	t signature require	ed when reinstating) DATE	
12.	OFFICERS AN	ID DIRE	CTORS ☐ DELETE	13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE :	P NORIE IOINE			1.1 TITLE				1
NAME	NOBLE, JOHN E			1.2 NAMI		4000505		
STREET ADDRESS	107 SUNFLOWER STREET					ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 3341	1	☐ DELETE	1.4 C/TY- 2.1 TITLE		1-21	☐ Change ☐ Ad	dition
TITLE	VPS L. DELETE BADE, CHERYL L				2.1 TITLE 2.2 NAME			
NAME	2840 NE 33RD CT. #16					ADDRESS		1
STREET ADDRESS	FT. LAUDERDALE FL 33306			2.4 CITY				
CITY-ST-ZIP TITLE	T T LAUDERDALE PL 33300		☐ DELETE	3.1 TITLE		,- Lir	Change Ad	dition
NAME	BADE, RONALD E			3.2 NAMI	Ę			
STREET ADDRÉSS	2840 NE 33RD CT #16					ADDRESS		j
CITY-ST-ZIP	FT LAUDERDALE FL 33306			3.4. CITY	<b>′-\$</b> 1	T-ZIP		
TITLE			☐ DELETE	4.1 TITLE			☐ Change ☐ Ad	dition
NAME				4. 2 NAV	ŧE.			1
STREET ADDRESS				4.3 STRE	ET	ADDRESS		1
CITY-ST-ZIP		_		4.4 CITY	ST	r-zip		
TITLE			☐ DELETE	5.1 TITLE	=		☐ Change ☐ Ad	dition
NAME				5.2 NAM	E			
STREET ADDRESS						ADDRESS		1
CITY-ST-ZIP		***		5.4 CITY		T-ZIP		alisia
TITLE			☐ DELETE	6.1 TITLE			☐ Change ☐ Ad	ution
NAME				6.2 NAM		}		1
STREET ADDRESS						ADDRESS		l
CITY-ST-ZIP . 15.				6.4 CITY	-51	T-ZIP		

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, with all other like empowered.

SIGNATURE: