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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000107949 (4)

AL-TO SHUTTERS AND SECURITY, INC.

## FILED May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 10430 NW 130TH ST 10430 NW 130TH ST HIALEAH GARDENS FL 33018 HIALEAH GARDENS FL 33018 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/22/1997 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For IOS-Employer M. 65.080451 TOHSO N.W. 130th St JOUSO N.M. 1304/St Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Hialean Hideon Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 25 U.S.H <u> 310</u>55 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent TOMASINI, ALBERTO 10430 NW 130TH ST 82 HIALEAH GARDENS FL 33018 83 84 Hideah 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 a accept the obligations of, Section 607.0505, Florida Statutes. gistered agent and title it applicable **SIGNATURE** (NOTL: Hagistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 TITLE Tomosini, Alberto TOMASINI, ALBERTO 1.2 NAME NAME 10430 N.W. 130th. 10430 NW 130TH ST STREET ADDRESS 1.3 STREET ADDRESS Hialeah Bondens HIALEAH GARDENS FL 33018 *.3*3018 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DEFELE Change \_\_\_ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change 6.1 TITLE Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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

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