


FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90108 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000025983
 Corporation Name
MOR'S WOOD SHUTTERS CORP.



Principal Place of Business 4601 ENTERPRISE AVE. #4 NAPLES FL 34104	Mailing Address 4601 ENTERPRISE AVE. #4 NAPLES FL 34104
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/19/1998

2. Principal Place of Business 21 4292 Corporate Sq Blvd	2a. Mailing Address 26 4292 Corporate Sq Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Naples FL	City & State 28 Naples FL
Zip 24 34104	Country 25 USA
29 34104	Country 30 USA

4. FEI Number 59-3499656	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MARTINEZ, CARLOS M
 4601 ENTERPRISE AVE. #4
 NAPLES FL 34104

10. Name and Address of New Registered Agent

B1 Name
Martinez, Eduardo

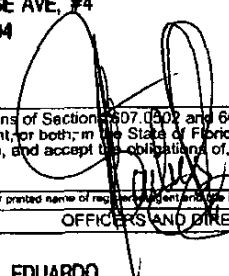
B2 Street Address (P.O. Box Number is Not Acceptable)
4292 - Corporate Square Blvd

B3

B4 City
Naples

B5 Zip Code
FL 34104

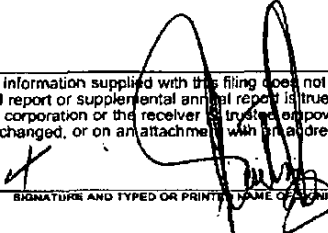
11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE **4-15-99**

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D,VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, EDUARDO	1.2 NAME	
STREET ADDRESS	2095 54TH TERR SW	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	1.4 CITY-ST-ZIP	
TITLE	SD D,VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, CARLOS M	2.2 NAME	
STREET ADDRESS	5424 16TH PL SW	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	2.4 CITY-ST-ZIP	
TITLE	SD T, D,VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, MANUEL ANTONIO	3.2 NAME	
STREET ADDRESS	10412 SW 14 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, JOSE MANUEL	4.2 NAME	
STREET ADDRESS	10412 SW 14 TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	4.4 CITY-ST-ZIP	
TITLE	SD P,D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, ODALYS	5.2 NAME	
STREET ADDRESS	2095 54TH TERR SW	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:  DATE **4-1-28-99**

Signature AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

CR2E034 (1/198)