

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90007 003 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000052517**

1. Corporation Name

**AMERICAN SHUTTERS & AWNINGS, INC.**

Principal Place of Business

9025 LEDGESTONE LA.  
PORT RICHEY FL 34668

Mailing Address

9025 LEDGESTONE LA.  
PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1998

4. FEI Number

65 0848176

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 18361 NE 4TH COURT

2a. Mailing Address

26 18361 NE 4TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

23 N. MIAMI BEACH, FL

City &amp; State

28 N. MIAMI BEACH, FL

Zip

24 33179

Country

Zip

29 33179

Country

30

9. Name and Address of Current Registered Agent

**WOLNIK, HUBERT**  
**9025 LEDGESTONE LA.**  
**PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

18361 NE 4TH COURT

83

84 City N. MIAMI BEACH FL

85 Zip Code 33179

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	PRES	HUBERT WOLNIK	18361 NE 4TH COURT	
			N. MIAMI BEACH, FL	
			33179	

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 (305) 493-0570

305

CR2E034 (1/198)