

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90076 036 ***150.00

DOCUMENT # P98000064579

1. Corporation Name
AFFORDABLE HURRICANE PROTECTION INC.

Principal Place of Business
3400 FOX CROFT ROAD
MIRAMAR FL 33025

Mailing Address
3400 FOX CROFT ROAD
MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1998

4. FEI Number

65-0855435

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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 3400 FOXCROFT ROAD

Suite, Apt. #, etc.

22 UNIT # 211

City & State

23 MIRAMAR, FLA

Zip

24 33025

Country

2a. Mailing Address

26 3400 FOXCROFT ROAD

Suite, Apt. #, etc.

27 UNIT # 211

City & State

28 MIRAMAR, FLA

Zip

29 33025

Country

30

9. Name and Address of Current Registered Agent

GARCIA, SIDNEY A
3400 FOX CROFT ROAD
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name

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

3400 FOXCROFT ROAD

83 UNIT # 211

84 City

MIRAMAR

FL

85 Zip Code

33025

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GARCIA, SIDNEY A
STREET ADDRESS 3400 FOX CROFT ROAD
CITY-ST-ZIP MIRAMAR FL 33025

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME GARCIA, SIDNEY A

1.3 STREET ADDRESS 3400 FOXCROFT ROAD UNIT # 211

1.4 CITY-ST-ZIP MIRAMAR, FL 33025-4123

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME SUSAN E. GARCIA

2.3 STREET ADDRESS 3400 FOXCROFT ROAD UNIT # 211

2.4 CITY-ST-ZIP MIRAMAR, FL 33025-4123

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Susan E. Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

954-450-4050

Daytime Phone #

0145515

CR2E034 (11/98)