PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # **V42812**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90115 018 ***150.00

<u> </u>		I BIBII BIBII BIBII BIBII II	Ш

SECURE SHUTTERS, INC.	

Principal Plac	e of Business	Ma	iling Address						EDI 91411 BIB	11 WIWII #1#LI	#1911 418 11 148 1
330 MYRTICE AVE 4270 OVERHILL DR											
#62 MERRITT ISLAND FL 32952						·					
MERRITT ISLAND FL 32953 US							DO NOT WRITE IN THIS SPACE				
US								3. Date Incorporated or Qualifed 06/10/1992			
2, Principal P	lace of Business	2a.	Mailing Address					4. FEI Number		A	oplied For
21		26						59-3134971		N	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired	٦		Additional
22		27	·	,				J. Collings of Carlot 200.00		Fee R	equired
City & Stat	e	\perp	City & State					6. Election Campaign Financing	ו		May Be
23		- 28						Trust Fund Contribution		Added	to Fees
Zip	Country	\vdash	Zip	$\overline{}$	untry			8. This corporation owes the current			
24	25	29	· · · · · · · · · · · · · · · · · · ·	30				Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Regist	tered Agent		04	Non		10. Name and Address of New Regi	stered A	gent	
VOL	ING, DAVID T.				81	Nam	Đ		•		ļ
l	S FLORIDA AVE				82	Stree	t Addr	ress (P.O. Box Number is Not Acceptable))		
RUC	CKLEDGE FL 32955				83						ļ
					84	City				85 Zip	Code
					-	•			_FL_	1 1 '	
11. Pursuant	to the provisions of Sections 607.05	02 and 60	7.1508, Florida Statut	es, the	above	e-name	d corp	oration submits this statement for the pur	pose of c	hanging its	registered
office or r	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florid ations of,	a. Such change was a Section 607.0505, Flo	umonze rida Sta	itutes.	tne co	poratio	on's board of directors. I hereby accept th	е арропі	III e iii as ie	gistered
SIGNATURE	,										Į
SIGNATURE	Signature, typed or printed name of registered ag	ent and title i	f applicable. (NOTE	Register	ed Agen	ıt signatu	e require	d when reinstating)	DATE		
12.	OFFICERS A	ND DIRE		13				ADDITIONS/CHANGES TO OFFICE	ERS AND		
TITLE	PD		☐ DELETE	1.1	TITLE					☐ Change	☐ Addition
NAME	MANN, BERNARD S.			1.2	MAME		1				
STREET ADDRESS	4270 OVERHILL DRIVE			1.3	STREET	ADDRES	s				
CITY-ST-ZIP	MERRITT ISLAND FL 32952			1.4	CITY-S1	T-ZIP		· .			
TITLE	VP		DELETE	2.1	TITLE					Change	☐ Addition
NAME	OHRT, CHESTER S.		•	2.2	VAME		1				
STREET ADDRESS	P.O. BOX 468 N/A			2.3	STREET	ADDRES	s	•			ì
CITY-ST-ZIP	GRANT FL 32949			2. 4	CITY-S	T-ZIP					
TITLE	ST		> DELETE	3.1	TITLE	-		The second secon		Change	☐ Addition
NAME	MANN, JOANNE M			3.2	VAME			•			ľ
STREET ADDRESS	AATA ÓUEDUNA DOUE			3.3	STREET	ADDRES	s				1
CITY-\$T-ZIP	MERRITT ISLAND FL 32952			34	CITY-S	T. 7IP					
TITLE			☐ DELETE	_	TITLE					☐ Change	Addition
NAME				4.2	NAME						
STREET ADDRESS						ADDRES	اء				
ſ					CITY-SI		~				
CITY-ST-ZIP TITLE	,		☐ DELETE	_	IITLE	ZIF	+			Change	Addition
					VAME						- "
NAME						ADDRES	s				[
STREET ADDRESS					CITY-SI		-				
CITY-ST-ZIP			☐ DELETE	_	TITLE	··ur	+			☐ Change	Addition
TITLE			- orreid		VAME						
NAME											-
STREET ADDRESS	1			■ 6.3°	SIREE	ADORES	o i				1

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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, of on any attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: