

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **631037** (9)

1. Corporation Name

CONTINENTAL WINDOWS AND GLASS, INC.



Principal Place of Business: **4653 L. B. MCLEOD ROAD, SUITE A ORLANDO FL 32811**
Mailing Address: **4653 L. B. MCLEOD ROAD, SUITE A ORLANDO FL 32811**

3. Date Incorporated or Qualified 07/19/1979	3a. Date of Last Report 04/10/1995
4. FEI Number 59-1962524	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent MIRANDA, EDMUND A 4653 L. B. MCLEOD ROAD, SUITE A ORLANDO FL 32811	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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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: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SP <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, EDMUND A	2. NAME	
STREET ADDRESS	4653 L.B. MCLEOD RD. #A	13. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14. CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, JILL	22. NAME	
STREET ADDRESS	4653 L.B. MCLEOD RD. #A	23. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24. CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUIS, JOSE	32. NAME	
STREET ADDRESS	4653 L.B. MCLEOD RD. #A	33. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34. CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, JOHN	42. NAME	
STREET ADDRESS	4653 L.B. MCLEOD RD. #A	43. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44. CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWK LINDA	52. NAME	
STREET ADDRESS	4653 LB MCLEOD RD STE A	53. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54. CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVERY LISA	62. NAME	
STREET ADDRESS	4653 LB MCLEOD RD STE A	63. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ Date: **3-2-96** (407)422-9897

CR2E034 (12/95)