## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 631037

(9)

CONTINENTAL WINDOWS AND GLASS, INC.

Principal Place of Business

Mailing Address

4653 L. B. MCLEOD ROAD. SUITE A ORLANDO FL 32811

4653 L. B. MCLEOD ROAD, SUITE A ORLANDO FL 32811

**FILED** 

Jan 15 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualified	
						07/19/1979	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				59-1962524 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional	
22		27				5. Certificate of Status Desired Fee Required	
City & State	<b>=</b>	City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cour	Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30	)		Personal Property Tax due June 30. 🔟 Yes 🗌 No	
	g, Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent			
MI	RANDA, EDMUND A		İ	81	Name		
46	53 L. B. MCLEOD ROAD, SUITE A		-	82	Street Ado	dress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32811					02 Silect Address (1.0. Dox Number is Not Acceptable)		
			83				
			-		- C1:		
				84	City	FL 85 Zip Code	
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 in	and title if annicable (NOT	- Registered	Acon	t signature requ	ulted when reinstating) DATE	
12.	OFFICERS AND		13.		. o.g. more requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SP	☐ DELETE	1,1 1011	LE		Change Addition	
NAME	MIRANDA, EDMUND A		1,2 NA!	MF		_ , _	
STREET ADDRESS	1474 1 7 1401 707 77 114			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		4	1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE	2,1 TITI		- 411	Change Addition	
NAME	MIRANDA, JILL		2.2 NAI				
· · · · · · · · · · · · · · · · · · ·	MIRANDA, JILL 4653 L.B. MCLEOD RD. #A			2.3 STREET ADDRESS			
STREET ADDRESS	ORLANDO FL						
CITY-ST-ZIP	VP			2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
	·· —			3.2 NAME			
NAME	RODRIQUIS, JOSE						
STREET ADDRESS	4653 L.B. MCLEOD RD. #A				DDRESS		
CITY-ST-ZIP	ORLANDO FL	DELETE		Y-\$1	-ZiP	DI Oberes Di Adress	
TITLE	VP	☐ DEFE1E		LE		LI Change L Addition	
NAME	MIRANDA, JOHN			ME			
STREET ADDRESS	4653 L.B. MCLEOD RD. #A				DORESS		
CITY-ST-ZIP	ORLANDO FL			-51-	ZIP		
TITLE	VP	☐ DELETE		Æ		Change Addition	
NAME	AVERY LISA			Æ			
STREET ADDRESS	4653 LB MCLEOD RD STE A			EET A	DORESS		
CITY-ST-ZIP	ORLANDO FL			-ST-	ZIP	30000	
TITLE		☐ DELETE	7	.Е		Change Addition	
NAME			8.2 NAN	ΛE			
STREET ADDRESS			6.3 STR	eet a	DDRESS		
CITY-ST-ZIP			6.4 CITY	Y-\$T-	ZIP		
14. I hereby c	ertify that the information supplied with	this filing does not qualify fo				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.

SIGNATURE:

LAKO TURE ACCUMED

14-98