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PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

INENTE

141

FILED
Mar 26 1998 8:00am
Secretary of State

·	I'S WINDOW SERVICES,								
Principal Place		Mailing Address				#111 #1 <u>#11</u>	47811 914		10111991
400 NORTH STREET SUITE 188		400 NORTH ST							
LONGWOOD FL \$2750		SUITE 168 LONGWOOD FL 32750			DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualified	<u> </u>			
					03/19/1986				
2. Principal Place of Business		2a. Mailing Address			4. FEI Number				ied For
21 Suite And W. ale		26			59-2933846		Not Applicable		
Suite, Apt. #, etc.		├ ─¬	Suite, Apt. #, etc.					/S)Ad∙ HeRequ	ditional
City & State		City & State	City & State						
23		28			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zip	Coun	itry	8. This corporation owes or has p	paid the cure			
24	25	29	30		Personal Property Tax due Jur		Yes		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	Registered /	gent		
	SON, MICHAEL S.		*	Name					
125	60 S. HWY 17-92, SUITE 250		Ĭ	Street Add	dress (P.O. Box Number is Not Accepta	able)			
	MOMOOD PL AATEA		-	B3					
LUI	NGWOOD FL 32750		[]						
			[ē	84 City		FL	85	Zip Co	de
11. Pursuant t	to the provisions of Sections 607.0 egistered agent, or both, in the Star familiar with, and accept the ob-	502 and 607.1508, Florida Statuate of Florida, Such change was	utes, the abo authorized	ove-named co by the corporates	rporation submits this statement for the ation's board of directors. I hereby acc		changi cintmer	ng its r	egistered gistered
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable (NC	OTE: Registered		rporation submits this statement for the ation's board of directors. I hereby accurred when reinstating)	purpose of ept the appo			
SIGNATURE .	Signature, typed or printed name of registered	agent and trife if applicable (NC	TE: Registered 13.	Agent signature req		purpose of ept the appo	DIREC	TORS	IN 12
SIGNATURE .	Signature, bywod or printed name of registered OFFICERS A	agent and title if applicable (NC	TE: Registered at 13.	Agent signature req	uired when reinstating)	purpose of ept the appo		TORS	
SIGNATURE . 12. TITLE NAME	Signature, based or puried name of registered OFFICERS A T CADENAS, LUIS	agent and trife if applicable (NC	13. 1.1 TITL 1.2 NAM	Agent signature req	uired when reinstating)	purpose of ept the appo	DIREC	TORS	IN 12
12. TITLE NAME STREET ADDRESS	Signature, by red or punted name of registered OFFICERS A T CADENAS, LUIS 1261 AVALON BLVD	agent and trife if applicable (NC	13. 1.1 TITL 1.2 NAM 1.3 STR	Agant signature req E AE EET ADDRESS	uired when reinstating)	purpose of ept the appo	DIREC	TORS	IN 12
SIGNATURE . 12. TITLE NAME	Signature, by and or purised name of registered OFFICERS A T CADENAS, LUIS 1261 AVALON BLVD CASSELBERRY FL	agent and trife if applicable (NC	13. 1.1 TITL 1.2 NAM 1.3 STR	Agent signature req E ME EET ADDRESS Y-ST-ZIP	uired when reinstating)	purpose of ept the appo	DIREC	TORS	IN 12
SIGNATURE . 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, by red or punted name of registered OFFICERS A T CADENAS, LUIS 1261 AVALON BLVD	agent and trife if applicable (NC NND DIRECTORS DELETE	13. 1.1 TiTL 1.2 NAM 1.3 STRI 1.4 CITY	Agent signature req E. AE EET ADDRESS Y-ST-ZIP	uired when reinstating)	purpose of ept the appo	DIREC	TORS	IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature. Is and or punted name of registered OFFICERS A T CADENAS, LUIS 1261 AVALON BLVD CASSELBERRY FL PDS	agent and trife if applicable (NC NND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAN	Agent signature req E. AE EET ADDRESS Y-ST-ZIP	uired when reinstating)	purpose of ept the appo	DIREC	TORS	IN 12 Addition
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indicated on this annual report or supplicmental 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 of rusbe empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachnior with an address.

[NOT]

GNATURE

CIGNIATUDE.