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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # J80352

(4)

WALT S WINDOW REPAIR AND SCREENING, INC.

Principal Place of Business Mailing Address

6660 E. ROGERS CIR. NO. 28

6660 E. ROGERS CIR. NO. 28

600CA RATON FL 33487

600CA RATON FL 33487-2619

## FILED Feb 24 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 06/30/1987	ed 3a. Date of Last Report 06/25/1996			
2. Principal Place of Business			2a. Mailing Address			4. FEI Number			plied For	
21			26			59-2837967	·		t Applicable	
22	Suite, Apt. #, efc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Certificate of Status Desired Sa.75 Additional Fee Required				
23	City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
	<b>7</b> ip	Country	Zφ	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24		25 9. Name and Address of Curre		<u> </u>		10. Name and Address of New Red				
			III I I O SISCO O A POSIT	81	Name	10. 140110 0110 2001000 07 14017 7103	JIOLOTOU FIS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	MATHERIC, WALTER, JR.									
6660 E. ROGERS CIRCLE, NO. 28 BOCA RATON FL 33487					82 Street Address (P.O. Box Number is Not Acceptable)					
				83						
				84	City	<u> </u>	FL	<b>85</b> Zip	Code	
Si	office or re agent if ar GNATURE	egistered agent, or both, in the Stat in familiar with, and accopt the oblig Signature, tyred or pinted have of registered a	e of Florida Such change was au gations of Section 607,0505, Flori	ithorized b ida Statute Registered Ac	y the corpora s.	rporation submits this statement for the pation's board of directors. I hereby acception when reinstating	the appoi	ntment as	registered	
12	<u>.</u>	OFFICERS AT	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC				
1:1	LE	D	DELETE	1.1 TITLE			L	Change	Addition	
NA	ME	MATHERIC, WALTER, JR.		1.2 NAME						
SIE	REET ADORESS	6660 E. ROGERS CIR.N 28.		1.3 STREE	t address					
CIT	Y-SI-ZIF	BOCA RATON FL		1.4 CiTY-	ST-ZIP					
TIT	LE	D	. DELETE	2.1 TITLE				Change	Addition	
NA	MÉ	MATHERIC, BARBARA A.		2.2 NAMÉ						
STI	REET ADDRESS	6660 E. ROGERS CIR.N 28.		2.3 STREE	T ADDRESS					
CH	Y-ST-7IP	BOCA RATON FL		2. 4 CITY -	ST-ZIP	4				
TIT	ıE		DELETE	3.1 TITLE				Change	Addition	
N4	ME			3.2 NAME	Ì					
SII	REET ADDRESS			3.3 STREE	T ADDRESS	•				
Cil	Y - ST - ZIP			3.4. CITY -	ST-ZIP					
111		A.A	DELETE	4.1 TITLE			L	Change	Addition	
N4	ME			4. 2 NAME						
ST	HEFT ADDRESS			4.3 STREE	1 ADDRESS					
cn	Y - S* - 7 P			4.4 CITY~	ST-71P					
TIT			DELETE	5 1 TITLE				Change	Addition	
N4	ΜĘ			5.2 NAME						
	REEL ADDRESS				T ADDRESS					
	Y - S1 - ZIP	•		5.4 CiTY-						
111			DELETE	6.1 TITLE				Change	Addition	
	ME.			6.2 NAME				•	-	
	REET ADDRESS				1 ADDRESS					
	Y-ST-ZIP			6.4 CITY	31-11F					

14. I do 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 (##Named ##You an address).

SIGNATURE:

WILD HAVE OF SIGNING OFFICER OF DIRECTOR Matheric tet. 18,1997 997