

**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 # **K80371** (3)

1. Corporation Name  
**WINDOW CLASSICS CORPORATION**



Principal Place of Business Mailing Address  
**% ROBERT D. SMITH**  
**2501 S.W. 56TH AVENUE**  
**HOLLYWOOD FL 33023**

3. Date Incorporated or Qualified **04/10/1989** 3a. Date of Last Report **04/18/1995**  
4. FEI Number **65-0122324** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

**9. Name and Address of Current Registered Agent**

**SMITH, ROBERT D.**  
**2501 S.W. 56TH AVENUE**  
**HOLLYWOOD FL 33023**

**10. Name and Address of New Registered Agent**

81 Name **John Armbrust**  
82 Street Address (P.O. Box Number is Not Acceptable) **2501 SW 56th Ave**  
83  
84 City **Hollywood** FL 85 Zip Code **33023**

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: *John Armbrust* *John Armbrust* **2-27-96**  
Signature (typed or printed name of registered agent and the filer) Date

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>P/D</b>	<input type="checkbox"/>
NAME	<b>SMITH, ROBERT D.</b>	
STREET ADDRESS	<b>2501 S.W. 56TH AVE.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>Executive Vice Pres/D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>Robert Turnbull</b>		
1.3 STREET ADDRESS	<b>2501 SW 56th Ave</b>		
1.4 CITY-ST-ZIP	<b>Hollywood FL</b>		
2.1 TITLE	<b>Vice President / D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>Jesse DeJesus Garcia</b>		
2.3 STREET ADDRESS	<b>2501 SW 56th Ave</b>		
2.4 CITY-ST-ZIP	<b>Hollywood FL 33023</b>		
3.1 TITLE	<b>Jeffery Van Vile Pres/D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>Jeffery Van Horne</b>		
3.3 STREET ADDRESS	<b>2501 SW 56th Ave</b>		
3.4 CITY-ST-ZIP	<b>Hollywood FL 33023</b>		
4.1 TITLE	<b>Secretary / D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<b>Steven Smith</b>		
4.3 STREET ADDRESS	<b>2501 SW 56th Ave</b>		
4.4 CITY-ST-ZIP	<b>Hollywood FL 33023</b>		
5.1 TITLE	<b>Treasurer</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	<b>John Armbrust</b>		
5.3 STREET ADDRESS	<b>2501 SW 56th Ave</b>		
5.4 CITY-ST-ZIP	<b>Hollywood FL 33023</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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: *John Armbrust* **John Armbrust** **2-27-96** **966 1145**  
Signature (typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (12/95)