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

**PROFIT** CORPORATION ANNUAL REPORT

1999

KING WINDOW AND GLASS INC.



DOCUMENT # P95000092624

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Apr 21, 1999 8:00 am Secretary of State **Katherine Harris**

04-21-1999 90114 004 \*\*\*150.00

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		Marillan Antales as				O IDIIO JIBIO DIIII	11 <b>0</b> 11 <b>010</b> 1 1 <b>00</b> 1
Principal Place		Mailing Address					
604 NW 1ST AVE BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
	•	,			12/04/1995		
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	A	pplied For
21		. 26			65-0630916	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		5. Certificate of Status Desired	<b>* -</b>	Additional
22		27			3, Controlle of Charles Decirco	Fee Ro	equired
City & Stat	e	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year li		$\lambda$
24	25	29 30	<u> 1 –                                    </u>		Personal Property Tax.	Yes	LXNo
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	1 Agent	
VINC	DODY		81	Name			
KING, RORY 604 NW 1ST AVE			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
					<u> </u>		
BUT	NTON BEACH FL 33426		83				
			84	City		<b>85</b> Zip	Code
				-	Coration submits this statement for the purpose of		<u> </u>
SIGNATURE	m familiar with, and accept the obligati				ed when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
TITLE	P	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	KING, RORY		1.2 NAME				
STREET ADDRESS	604 NW 1ST AVE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33426		1.4 CITY-S	T-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	THOMAS, FRANK		2.2 NAME		_		
STREET ADDRESS	604 NW 1ST AVE		2.3 STREET	ADDRESS ~		-	,
CITY-ST-ZIP	BOYNTON BEACH FL 33426		2.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS		j	3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	<u> </u>		
TITLE		☐ DELETE	4.1 TITLE	1		Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE	<u> </u>	DELETE	5.1 TITLE			Change	Addition
NAME.			5.2 NAME	1			
CTOCKT ADDRESS	1	1	5.3 STREE	TADDRESS			

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

(561) 736-8841

☐ Change

☐ Addition

| jąta