

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90240 030 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000079627
 1. Corporation Name
 ALL-STYLE Windows "R" US, INC.

Principal Place of Business Mailing Address
 1939 MEADOWS DRIVE, STE #1+2
 Fort Myers, FL 33907
 1939 MEADOWS DRIVE
 SUITES #1+2
 Fort Myers, FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 9-11-98
 4. FEI Number
 65-0860811 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 owes the current year Intangible Personal Property Tax. 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 Country 28. Zip Country
 24. 25. 29. 30.

9. Name and Address of Current Registered Agent
 Shelly A. DEROUEN
 1953 Colonial Blvd.
 Fort Myers, FL 33907

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 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 and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	VPS	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	CAROL BARBIERI		1.1 TITLE	PVPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3934 ARLINGTON STREET		1.2 NAME	CAROL BARBIERI	
CITY-ST-ZIP	FORT MYERS, FL 33901		1.3 STREET ADDRESS	3934 ARLINGTON STREET	
TITLE	PT	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	FORT MYERS, FL 33901	
NAME	JAMES BARBIERI		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3934 ARLINGTON STREET		2.2 NAME		
CITY-ST-ZIP	FORT MYERS, FL 33901		2.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
NAME			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
NAME			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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.

SIGNATURE: Carol Barbieri Carol Barbieri 4-30-99 941274-0211
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)