

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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90113 018 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 479604  
1. Corporation Name  
WITT'S WINDOWS, INC.

Principal Place of Business 1411 AKEN STREET PORT CHARLOTTE FL 33952	Mailing Address 1411 AKEN STREET PORT CHARLOTTE FL 33952
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 21307 Gertrude Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 P.O. 2446 Suite, Apt. #, etc. 27 PT Charlotte, FL City & State 28 33949 Zip 29 Country 30
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3. Date Incorporated or Qualified 06/26/1975	4. FEI Number 59-1604497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
STEPHENS, JAMES K  
1411 AKEN ST.  
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent  
81 Name James K Stephens  
82 Street Address (P.O. Box Number is Not Acceptable)  
P.O. 2446  
83 PT Charlotte, FL 33949-2446  
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 James K Stephens (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VTS <input checked="" type="checkbox"/> DELETE
NAME	STEPHENS, PATRICIA F
STREET ADDRESS	1411 AKEN ST.
CITY-ST-ZIP	PT CHARLOTTE FL 33952
TITLE	P <input type="checkbox"/> DELETE
NAME	STEPHENS, JAMES K
STREET ADDRESS	1411 AKEN ST.
CITY-ST-ZIP	PT CHARLOTTE FL 33952
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephens, Gregory
1.3 STREET ADDRESS	8261 S.W. 3rd Pl
1.4 CITY-ST-ZIP	No Lauderdale, FL 33068
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P.O. Box 2446
2.3 STREET ADDRESS	21307 Gertrude
2.4 CITY-ST-ZIP	PT Charlotte FL 33949-2446
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: James K Stephens 1/11/99 (941) 766-7578  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)