FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name 550546

(6)

CENTRAL WINDOW AND SCREEN, INC. Principal Place of Business Maining Address 4044 NW 44 CT LAUDERDALE LKS FL 33319 AND SCREEN, INC. Maining Address 4044 NW 44 CT LAUDERDALE LKS FL 33319					
LAUDENDALE	CAN LE ANIA	ENGRETHER STOTE	*****	3. Date incorporated or Qualified 11/02/1977	3a. Date of Last Report 04/07/1995
2. Principal Place of Business		2a. Mailing Address		4, FEI Number 59-1788275	Applied For Not Applicable
Suite, Apt. #, etc.		26 Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	This corporation has liability for Florida Statutes	intangibie tax under s. 199.032, ∏No
24	[25]	29	30	10. Name and Address of New F	
	9. Name and Address of Curren	u negisteren Agent	81 Name	,0,	<u> </u>
DETERO	ON REGINA I			ddress (P.O. Box Number is Not Acceptat	ole'
PETERSON, REGINA L. 4044 NW 44TH CT			82 Street A	Datess (C.O. Dox Martiboris Mor Acceptar	
	DALE LAKES FL 33319		63		
			84 City		85 Zip Code
				poration submits this statement for the purposed of directors. Thereby accept the app	FL 3 PP 0000
or registere familiar wit SIGNATURF	ed agent, or both, in the State of Floor in, and accept the obligations of, Soct Signal an Ignet or purification of agreement agent	ion 607.0505, Florida Statute: Later diagnostic 24	Secty/1	The Cash Country of the Country of t	4/15/94
12.		D D-RECTORS	13.	ADDITIONS/CHANGES TO OFF	FICE RS AND DIRECTORS IN 12 Change Addition
TITLE	TAFE THEODODE I	☐ DELETE	1.1 Tifu€		
NAME	TAFF, THEODORE J. 4101 N. HIATUS RD #304		1.2 NAME 1.3 STHEET ADDRESS		
STREET ADDRESS	SUNRISE FL		1.4 City - St - ZiP		
CITY-ST-ZIP	V	DELETE	2 1 THLE		Change Addition
NAME	TAFF, JOSEPH V.		22 NAME		
STREET ADDRESS	4947 NW 94TH TERR.		2 3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		2 4 CITY - S1 - ZIP		Character C Addition
TITLE	ST STORY	DELETE	3 1 TITLE		Change 🔲 Addition
NAME	PETERSON, REGINA L.		3.2 NAME		
STREET ADDRESS	715 NE 5TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIF	POMPANO BEACH FL	DELETE	3 4 CITY - SE - Z:P 4 1 TITLE		Change Addition
TITLE	Ì	[Deterio	4.2 NAME		
NAME expect annoces			4.3 STREET ADDRESS		
STREET ADDRESS CHTY-ST-ZIP			4.4 C-TY - ST - ZIF		
TITLE		DELETÉ	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZIP		Characa C Address
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAMÉ			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
01TV CT 71D			6.4 CITY - ST - Z-P		

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 certify 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 attrachment with an address SIGNATURE: PLOTE OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR TELESON 415/94 731-30-3