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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 677527

(4)

CUSTOM WINDOW DECORS, INC.

FILED
Apr 01 1997 8:00am
Secretary of State

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Principal Piac	e of Business	Mailing Address			/	A BABA BABA T			
1261 PINEY RO		1261 PINEY ROAD							
NORTH FT. MY	· -	NORTH FT. MYERS FL 339	03-3819						
						3. Date Incorporated or Qualified 07/03/1980	3a. Date 04/18	of Last R /1996	eport
F-3	face of Business	2a. Mailing Address				4. FEI Number			plied For
Suite, Apt.	# 600	Suite, Apt. #, etc.			······································	59-2056531		\$8.75 /	ot Applicable
22	The state of the s	27				5. Certificate of Status Desired		Fee Re	quired
City & State	C:	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00	
Zip	Country	Z(p)	Cou	intry	***************************************	This corporation has liability for it.		Added 1	
24	25	29	30	ĺ			Yes 🔲		133.032.,
	9. Name and Address of Curren	I Registered Agent				10. Name and Address of New Re	istered Ag	jent	
HALI	L, IMA JEAN			81	Name				
	PINEY ROAD			82	Street A	ddress (P.O. Box Number is Not Acceptab	le)		
NOR	TH FT. MYERS FL 33903						,	······································	
				83					
				84	City			85 Zip (Code
14 Darragent	to the province of Scotions 607 050	2 and 607 1609 Elorida Statut	on the n			orporation submits this statement for the p	FL	hanaina ii	to spaintered
l office or r	registered agent, or both, in the State	of Florida. Such change was a	authorize	a by	the corpo	orporation submits this statement for the poration's board of directors. I hereby accep	urpose of ci it the appoir	nanging it ntment as	registered
	rn tamiliar with, and accept the obliga	ations of, Section 607.0505, FR	orida Sta	tutes	i.				
SIGNATURE	Stgring as typica or printed name of registered age	out and little if applicable (NOT	E: Registere	d Age	nt signature n	equired when reinstating)	DATE		
12.	OFFICERS AN		13.	<u></u>		ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	IS IN 12
THEF	PD	DELETE	1.1 TI	TLE			L	Change	Addition Addition
NAME:	HALL, IMA JEAN		1.2 N	AME					
STREET ADDRESS	7306 SEAN LANE		1.3\$	TREET	ADDRESS				
City+S1+ZIP	N FT MYERS FL		_	IY-S	T-ZIP				
THE	V	☐ DEL€TE	2.1 TI				L	_] Change	Addition
NAME	HALL, WILLIE B., JR.		2.2 N						
STREET ADDRESS	4212 S.W. 5TH AVENUE Cape Coral Fl				ADDRESS				į
CHY-ST-ZIF THE	CAPE CONAL FL	DELETE	2. 4 C		ST-ZIP			Change	Addition
NAME		_ otte	3.1 N				L-	→ Arende	ind ridoreon
STREET ADDRESS					ADORESS				
CHY-S1-ZIP					ST-ZIP				
THE		☐ DELFTE	4.1 TO				L	Change	Addition
NAME			4.21	IAME				-	
STREET ADDRESS			4.3 S	TREET	ADDRESS				
C/TY+S1+7IP			4.4 0	TY-S	T-21P				
1016		DELETE	5.1 T	TLE				Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 \$	TREET	ADDRESS				
C:TY-ST-ZIP			5.4 C	TY-S	T-ZIP				
THILE		☐ DELETE	6.1 Ti	TLE				Change	Addition
NAME			6.2 N	AME	Į				
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CITY-ST-7IP	Calculation of the American Company of the Company			ITY-S			····, · <u>·</u> ······························		
i 4.4 Leve because	tur acetitu that tha information numble	ileus den oach aufül siet etu b	tu for the	ava	montion atc	ted in Contine 110 07/21/i) Floride Statuto		and the	tho

Too 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 actions.

GNATURE:

3-28-97

941-995-6966

SIGNATURE:

941-995-6966