

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

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97 MAY -1 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **842488** (9)

1. Corporation Name
SPRINGS WINDOW FASHIONS DIVISION, INC.

Principal Place of Business

**7549 GRABER ROAD
MIDDLETON WI 53562**

Mailing Address

**P. O. BOX 111, TAX DEPT.
LANCASTER SC 29721-0111
US**

3. Date Incorporated or Qualified 01/30/1979	3a. Date of Last Report 01/30/1996
4. FEI Number 36-2998685	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVEAREUX, LANCE	1.2 NAME	800002167638--4
STREET ADDRESS	7549 GRABER ROAD	1.3 STREET ADDRESS	-05/06/97--01075--025
CITY-ST-ZIP	MIDDLETON WI	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, ROBERT W.	2.2 NAME	
STREET ADDRESS	205 N WHITE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MILL SC	2.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORSETT, C POWERS	3.2 NAME	
STREET ADDRESS	205 N. WHITE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MILL SC	3.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAHNR, JAMES	4.2 NAME	VT
STREET ADDRESS	205 N. WHITE ST.	4.3 STREET ADDRESS	ILARDO, SAMUEL J
CITY-ST-ZIP	FORT MILL SC	4.4 CITY-ST-ZIP	205 N. WHITE ST.
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELBLEY, STEPHEN P	5.2 NAME	
STREET ADDRESS	205 N. WHITE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MILL SC	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEESFELD, TIMOTHY L	6.2 NAME	AT
STREET ADDRESS	136 GRACE AVENUE HWY 9	6.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER SC	6.4 CITY-ST-ZIP	

14. I do 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

SIGNATURE: *Timothy L Theesfeld* **JOINED** Assistant Treasurer 4-30-97

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 803/286-2321 Daytime Phone #

CR2E034 (9/96)