## 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

(6)

DOCUMENT # F14024

1. Corporation Name

BURLINGTON WINDOWS & DOORS, INC.



	Discours.	Mailing Address			
ncipal Place of I		5412 PIONEER PARK BLVD	BLDG D		
12 PIONEER PA MPA FL 33634:	ark blvd Bldg d -4421	TAMPA FL 33634-4421			3a. Date of Last Report
				3. Date incorporated or Qualified 01/08/1981	03/17/1995
		2a. Mailing Address		4. FEI Number	Applied For
rincipal Place	e of Business	. —	west block	59-2408867	Not Applicable
004 1	ampa West Bluck	Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
API. #, 6	etc.	27			\$5.00 May Be
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	Added to Fees
Tani	Da FL	28 Tampa, F	<u> </u>	This corporation has liability for	
Zip	Country	Zip	Country 30 13. 115 borous	Florida Statutes Yes	: ∐ No
3363	4 25 14. 11s boron		30 19. 115 80144 7	10. Name and Address of New I	Registered Agent
	9. Name and Address of Curre	ent Registered Agent	81 Name		
				ess (P.O. Box Number is Not Accepta	ble)
REIBER, SA	AM I.		82 Street Addr	ess (r.o. box number a necessorie	
	GGS ST., SUITE 200		83		
TAMPA FL	. 33602				85 Zip Code
			84 City		FL   T
		00 007 1509 Florida Statutes	the above named corpor	ration submits this statement for the pi rd of directors. I hereby accept the ap	urpose of changing its registered office
SNATURE s	Signature. Specifici particul name of registered as	gersaultik (*agskabe (NOIE AND DIRECTORS	Rigistered Agent signature require	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
	OFFICERS #	AND DIRECTORS			
			1.171/12		Change Addition
.F	PD	DELETE	1 1 TITLE 12 NAME		Change C Add-Boi
.E VE	PD RECKSON, JEFFREY A.				∐ Change □ Add-nor
E ME MEE1 ADDRESS	PD RECKSON, JEFFREY A. 4410 SAYBROOK AVENUE		1.2 NAME		
LE We Reef Address Y-ST-ZIP	PD RECKSON, JEFFREY A. 4410 SAYBROOK AVENUE TAMPA FL		1.2 NAME 1.3 STREET ADDRESS		
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certify that the information indicated on this action of the receiver or frusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oath; that I am an officer or director of the corporation of the receiver or frusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oath; that I am an officer or director of the corporation of the receiver or frusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oath; that I am an officer or director of the corporation of the receiver or frusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oath; that I am an officer or director of the corporation of the receiver or frusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oath; that I am an officer or director of the corporation of the receiver or frusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oath is the required by Chapter 607, Florida Statutes; and that my name oath; that I am an officer or director of the corporation of the receiver or frusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oath; the receiver of the corporation of the receiver o

SIGNATURE:

AND TYPED OR PHINTED NAME OF BIGNING OFFICER OR DIRECTOR

813886-5/00

CP