FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F29768 (1)

1. Corporation Name

SCHWAB WINDOW SYSTEMS, INC.

Principal Place of Business	Mailing Address
1815 NE 144TH ST. NORTH MIAMI FL 33181	1815 NE 144TH ST. NORTH MIAMI FL 33181

3. Date Incorporated or Qualified: 04/30/1981
3a. Date of Last Report: 03/22/1995

4. FEI Number: 59-2089372 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 4110 NW 9 CT
Suite, Apt #, etc.
27
City & State
28 COCONUT CREEK, FL
Zip
29 33066
Country
30 U.S.A.

9. Name and Address of Current Registered Agent

PATTERSON, JOHN R.
1815 NE 144TH ST.
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 4110 NW 9 CT
84 City COCONUT CREEK FL 85 Zip Code 33066

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 ______
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	PATTERSON, JOHN R JR.	
STREET ADDRESS	1815 NE 144TH ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	ST	[ ] DELETE
NAME	PATTERSON, DENISE B	
STREET ADDRESS	1815 NE 144TH ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[X] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS	4110 NW 9 CT	
1.4 CITY-ST-ZIP	COCONUT CREEK FL 33066	
2.1 TITLE		[X] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS	4110 NW 9 CT	
2.4 CITY-ST-ZIP	COCONUT CREEK FL 33066	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 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: [signature] JOHN PATTERSON JR — 5-13-96 — 305-826-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #