


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90092 028 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F96000005577</b>					
1. Corporation Name <b>NATIONAL SASH &amp; DOOR JOBBERS ASSOCIATION, INCORPORATED</b>					
Principal Place of Business 10225 ROBERT TRENT JONES PKWY. NEW PORT RICHEY FL 34655			Mailing Address 10225 ROBERT TRENT JONES PKWY. NEW PORT RICHEY FL 34655		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/28/1996 4. FEI Number 62-0366120 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	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME <b>DT LAVITT, SANFORD</b> STREET ADDRESS <b>330 SO. SERVICE RD</b> CITY-ST-ZIP <b>MELVILLE NY</b>			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>D</b> 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>DC KOSTUSIK, ANTHONY</b> STREET ADDRESS <b>14320 W 99TH ST</b> CITY-ST-ZIP <b>LENEXA KA</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>D RADFORD, PETER</b> STREET ADDRESS <b>1871 STILLMAN DR.</b> CITY-ST-ZIP <b>OSHKOSH WI</b>			3.1 TITLE <b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>DP O'KEEFE, ROBERT T</b> STREET ADDRESS <b>10225 ROBERT TRENT JONES PARKWAY</b> CITY-ST-ZIP <b>NEW PORT RICHEY FL 34655</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>D BROMBERG, WALLY</b> STREET ADDRESS <b>2201 29TH AVE NO</b> CITY-ST-ZIP <b>BIRMINGHAM AL 35207</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <b>DT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME <b>Bradberry, John</b> 6.3 STREET ADDRESS <b>11651 Plano Road</b> 6.4 CITY-ST-ZIP <b>Dallas, TX 75243</b>		

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert T. O'Keefe** REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-17-99 727/3723665**  
Date Daytime Phone #

CR2E037 (11/98)