FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # H95243 (2)

1. Corporation Name
ABBE WINDOW, INC.

Principal Place of Business	Mailing Address
20117 N.E. 15TH COURT NORTH MIAMI BEACH FL 33179	20117 N.E. 15TH COURT NORTH MIAMI BEACH FL 33179-2712

3. Date Incorporated or Qualified: 01/21/1986
3a. Date of Last Report: 04/30/1996

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

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2632539 ☐ 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 ☐ No

9. Name and Address of Current Registered Agent
DRUCKER, A. NORMAN
801 N.E. 167TH ST.
NORTH MIAMI BEACH FL 33162

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 ____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PVP / D~~	☐ DELETE	1.1 TITLE	P/VP/D	☒ Change ☐ Addition
NAME	NATHAN, STANLEY M.		1.2 NAME		
STREET ADDRESS	~~8881 S.W. 5 7 ST.~~		1.3 STREET ADDRESS	8881 SW 57 ST	
CITY-ST-ZIP	~~MIAMI FL~~		1.4 CITY-ST-ZIP	COOPER CITY, FL 33328	
TITLE	ST	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NATHAN, RUTH		2.2 NAME		
STREET ADDRESS	900 N.E. 195 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	S/T/D	☐ Change ☒ Addition
NAME			3.2 NAME	SHELLEY NATHAN	
STREET ADDRESS			3.3 STREET ADDRESS	8881 SW 57 ST.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	COOPER CITY, FL 33328	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: X Stanley M Nathan — STANLEY M. NATHAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/25/97 Daytime Phone #: 305-653-1809

0243447