

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90026 028 ***150.00

DOCUMENT # H95243

1. Corporation Name
ABBE WINDOW, INC.

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

Mailing Address
20117 N.E. 15TH COURT
NORTH MIAMI BEACH FL 33179



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1986

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name SHELLEY R. NATHAN

82 Street Address (P.O. Box Number is Not Acceptable)

8881 SW 57TH STREET

83

84 City COOPER CITY

FL

85 Zip Code 33328

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

SHELLEY R. NATHAN

04-29-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD
NAME NATHAN, STANLEY M.
STREET ADDRESS 8881 SW 57 STREET
CITY-ST-ZIP COOPER CITY FL

☐ DELETE

TITLE STD
NAME SHELLEY, NATHAN
STREET ADDRESS 8881 SW 57 ST
CITY-ST-ZIP COOPER CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVD ☒ Change ☐ Addition

1.2 NAME SHELLEY R. NATHAN

1.3 STREET ADDRESS 8881 SW 57TH STREET

1.4 CITY-ST-ZIP COOPER CITY, FL 33328

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME STANLEY M. NATHAN

2.3 STREET ADDRESS 8881 SW 57TH STREET

2.4 CITY-ST-ZIP COOPER CITY, FL 33328

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

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 607, 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:

SHELLEY R. NATHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

305 653-1809

Daytime Phone #

CR2E034 (1/98)