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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J45126

(6)

SOLAR RAY WINDOW, INC.

## **FILED** May 13 1997 8:00am Secretary of State



Principal Pla 7414 6 SR 52 STE 6 BAYONET PT		Mailing Address 7414 6 SR 52 STE 6 BAYONET PT FL 34867	7414 6 SR 52 STE 6						
						3. Date Incorporated or Qualified 11/26/1986	3a. Date of Last Report 05/01/1996		
2. Principal	Prace of Business	2a. Mailing Address	<del></del>			4. FEI Number 59-1902325	1 00/0		Applied For Not Applicab
Suite, Api	t. #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & Sta	ale	City & State				Election Campaign Financing     Trust Fund Contribution     Added to Fees			
Zip 24	Country 25	Zip 29	30 Cou	ntry	<u></u>	8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes Yes X No			
<u> </u>	9. Name and Address of Curr					10. Name and Address of New Re	glatered	Agent	
FRITCH, JAYNE L. 9141 FARMINGTON LN PORT RICHEY FL 34668				81 82 83	Street Address (P.O. Box Number is Not Acceptable)				
				84	City		FL	<b>85</b> 2	ip Code
SIGNATURE	Signature, typied or printed name of registered	agent and title if applicable. (F	NOTE: Registered	J Age	eni signature requ	ifred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	D DIRECT	ORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRITCH, JAYNE L. 9141 FARMINGTON LN PORT RICHEY FL	☐ DELETE	1	ME Reet	ADDRESS ST-ZIP			☐ Chan	ge [] Additi
TITLE NAME STHEET ADDRESS	DV BUTLER, WILLIAM J.	TLER, WILLIAM J. 535 WELLBORN LN.		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				Chang	ge 🔲 Addilio
OUTY-ST-ZIP TOTAL NAME STREET ADORESS		☐ DELETE	31 Tri 3.2 N/ 3.3 ST	TLE AME TREET	ADDRESS ST-ZIP			Chang	ge 🔲 Additi
TIME NAME STREET ADDRESS	\$	☐ DELETE	4.1 TI 4. 2 N 4.3 SI	TLE AME REET	T ADDRESS			Chang	ge 🔲 Additi
CHY-SI-ZIP TITLE NAME STREET ADORESS	6	[] DELETE	5.1 Til 5 2 N/ 5.3 ST	TLE AME REET	ADDRESS		,,+++- <u></u> ,	Chang	ge Additi
CITY-ST-ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIF	s	☐ DELETE	6.1 TH 6.2 NA 6.3 ST	TLE AME REET	T ADDRESS ST-ZIP			Chan	ge 🔲 Addili

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:

4-28-97 813 862.3783