## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT # J69939** 

(3)

**GUARANTEED WINDOW TINTING. INC.** 



Principal Place of Business  5751 N. FEDERAL HWY. FT. LAUDERDALE FL 33308		Mailing Address 5751 N. FEDERAL HWY. FT. LAUDERDALE FL 33308			4 1861118 Bille Britte 19118 16106 Little 1511 dien Brien Brien einen men nach nach		
		2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number
21		26		65-0005519		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	1 1	3.75 Additional Fee Required	
22		Orty & State			6. Election Campaign Financing		5.00 May Be
City & State		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Countr		8. This corporation has liability for	intangible tax uni	ders 199.032.
24	25	29	30		Floada Statutes 🔲 Yes	No No	
	<ol><li>Name and Address of Currer</li></ol>	it Registered Agent		-r	10. Name and Address of New F	Registered Ager	<u>nt</u>
			81	Name			
CANTIN, RICHARD			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	e. 22nd street		-				
FT. LAU	DERDALE FL 33305		83	1			
			84	City		FL 85	Zip Code
or registere familiar wit	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authori	ized by the con	poration's bo	oration submits this statement for the pu and of directors. Thereby accept the app	oointment as regis	stered agent. I am
SIGNATURE	Signature, lypical or printed hallor of regulers diagen	tarcitis toppicanic (N	Mile Begistera Ag	od soprator represe	real where feneral drugh	DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF		
T-TLE	P	☐ DELETE	1 1 1:11			☐ Cr	nange
NAME	CANTIN, RICHARD		1.2 NAME				
STREET ADDRESS	2733 NE 22ND STREET			T ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL 33305	[ ] DELETE	1.4 C/1Y - 2.1 T/JLE				nange 🔲 Addition
TITLE		Doctor	2 2 NAME			<b>.</b>	
NAME Proces recovers			1	EL ADORESS			
STREET ADDRESS			2.4 Cily-				
CITY-ST-ZIF		DELETE	3 1 Tifus			□ c	nange 🔲 Addition
NAME		<del></del>	3.2 NAME				
STREET ADORESS			3.3 STP0	ET ADDRESS			
CITY-ST-ZIP			3.4 CiTY	- ST - 7IP			
TIFE		☐ DELETE	4 1 1111	F		□ c	nange 🔲 Addition
NAME			4.2 NAM				
STREET ADDRESS			4.3 STHE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY			□ c	hange 🔲 Addition
TITLE		□ DEL€1€	5 1 TITL			רו נ	nange
NAME			52 NAM	)			
STREET ADDRESS				E! ADDRESS			
CITY-ST-ZIP		DELETE	5 4 City 6 1 Tift				hange Addition
THILE	!		6 2 NAM			٦٠	,
NAME CERCULADOSCO			1	ET ADDRESS			
STREET ADDRESS			6.4 C/TY				
C TY - ST - ZiP			0 4 0 11	VI 1411	Continue 13	0.07/2/// Eloxido	Ctatutas I further

14. I do hereby certify that the information sympled 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 or first annual report or supplemental annual report is frue 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 organization or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if or pred 3, organization and trace of the same legal effect as if made under oath; that I am an officer or director of the organization of the same legal effect as if made under oath; that I am an officer or director of the organization of the orga

**SIGNATURE:** 

NG OFFICER OR DIRECTOR

CR2E034 (12/95)