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Mar 10 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 # K12767 (5)

1. Corporation Name
R/D WINDOWS INC.



Principal Place of Business Mailing Address
1131 VESPER DR **1131 VESPER DR**
FT MYERS FL 33901 **FT MYERS FL 33901-8743**

3. Date Incorporated or Qualified: **01/25/1988** 3a. Date of Last Report: **03/11/1996**

2. Principal Place of Business 2a. Mailing Address
 21 **1228 VISCAYA PKWY** 26 **1228 VISCAYA PKWY**
 Suite Apt. # etc. Suite, Apt. #, etc.
 22 **Unit "A"** 27 **Unit "A"**
 City & State City & State
 23 **CAPE CORAL, FL.** 28 **CAPE CORAL, FL.**
 Zip Country Zip Country
 24 **33980** 25 **USA** 29 **33980** 30 **USA**

4. FEI Number: **65-0034762** 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
HOLMES, STEVEN
1500 COLONIAL BLVD., SUITE 230
FT MYERS FL 33907

10. Name and Address of New Registered Agent
 81 Name: **LAWRENCE C. MARTINI**
 82 Street Address (P.O. Box Number is Not Acceptable): **1705 - S.W. 44th Street**
 83
 84 City: **CAPE CORAL** FL 85 Zip Code: **33914**

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]* DATE: **3-5-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD <input checked="" type="checkbox"/> DELETE	NAME: ROUSEY, GREGORY A.	1.1 TITLE: President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME: LAWRENCE C. MARTINI
STREET ADDRESS: 1131 VESPER DR	CITY-ST-ZIP: FT MYERS FL	1.3 STREET ADDRESS: 1705 S.W. 44th Street	1.4 CITY-ST-ZIP: CAPE CORAL, FL. 33914
TITLE: <input type="checkbox"/> DELETE	NAME:	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

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: *[Signature]* DATE: **3-5-97** DAYTIME PHONE: **941-772-1212**
(NOTE: Signature and typed or printed name of signing officer or director required)

CR2E034 (9/96)