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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # FLORIDA WINDOW FASHIONS, INC.

(0)

FILED										
Mar	16	1998	8:00am							
Se	cret	tary of	f State							

Principal Place 115 NW 43RI BOCA RATOL	• • •	Mading Address 115 NW 43PD ST BOCA RATON FL 33431 US		4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	DO NOT WRITE IN THI			
03		US			3. Date Incorporated or Qualified	3 31 AUL		
					04/04/1988			
2. Principal F	Place of Business	2a. Mailing Address			4. FEt Number		pplied For	
21		26			65-0051082		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Additional	
22		27			5. Certificate of Status Desired		equired	
City & Stat	10	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country	700	Coi	ıntry	8. This corporation owes or has paid the c			
24	25	29	30		Personal Property Tax due June 30.		No I	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registere			
i HA	irris, linda k			81 Name				
564	5644 SANTIAGO CIRCLE			82 Street Address (P.O. Box Number is Not Acceptable)				
BO	CA RATON FL 33433			Sireer Address (F.O. Box Number is Not Acceptable)				
				83				
				84 City		85 Zip	Code	
44 Durayant	to the area is an afficient COT OF	10 - 1 007 45 00 Ft - 1 0 0 T -		<u> </u>	F	<u> </u>		
office or r agent. I a	to the provisions of Sections 607.030 registered agent, or both, in the State im familiar with, and accept the oblig-	of Florida, Such change was a shorts of, Section 607.0505, Florida	ies, the a authorize orida Sta	bove-named corp d by the corpora tutes	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap-	of changing if apointment as	ts registered registered	
SIGNATURE	Signature, typed or printed name of regulered age	or such blind and built and built	C. B	d Agent signature requi		·		
12.	OFFICERS AN		13.	a Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT	UD DIBECTOR	DC IN 12	
TITLE	DP	DELETE	1.1 (1	TLF	ADDITIONS/CHANGES TO OFFICERS AF	Change	Addition	
NAME	HARRIS, LINDA K.		1.2 N					
STREET ADORESS	5644 SANTIAGO CIRCLE		4	HEET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL			TY-ST-ZIP				
TITLE	DV	DELETE	2.1 1			Change	Addition	
NAME	RIVERO, RONNA M.	•	2.2 N/					
STREET ADDRESS	8009 CHAMBERS COURT			REE1 ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL			ITY-ST-ZIP				
TITLE		DELETE	3.1 1			Change	Addition	
NAME			3.2 N/	AME				
STREET ADORESS			3.3 S1	REET ADDRESS				
CITY-ST-ZIP			1	TY-ST-ZIP			ĺ	
TITLE		DELETE	4.1 Ti			Change	Addition	
NAME			4. 2 N	ľ				
STREET ADDRESS				REET ADDRESS			}	
CITY-ST-ZIP				IY-SI-ZIP				
TITLE		DELETE	5.1 Ti			☐ Change	Addition	
NAME			5.2 N/					

4. Thereby 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 eath; 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 13 if changed, or or an attachment with an address.

5.3 STREET ADDRESS

63 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

61 TITLE

62 NAME

DELETE.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Change

Addition