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Mar 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # K62432 (5)  
1. Corporation Name  
PIERCE-HURT WINDOW CORPORATION

Principal Place of Business  
% THOMAS PIERCE  
1801 BLDG. G HYPOLUXO RD  
LANTANA FL 33462

Mailing Address  
% THOMAS PIERCE  
1801 BLDG. G HYPOLUXO RD.  
LANTANA FL 33462



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/01/1989	
21. Suite, Apt. #, etc.	22. City & State	25. Suite, Apt. #, etc.	26. City & State	4. FEI Number 65-0105003	Applied For Not Applicable
23. Zip	24. Country	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Zip		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
e. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

PIERCE, THOMAS  
1801 BLDG G  
HYPOLUXO RD  
LANTANA FL 33462

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. Zip Code FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P PIERCE, THOMAS E. 6579 EASTVIEW DR LANTANA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP HURT, LORALIE P. 6720 EASTVIEW DR LANTANA FL	1.2 NAME	
STREET ADDRESS	S HURT, WALTER T. 6720 EASTVIEW DR LANTANA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	T PIERCE, SANDRA M. 6579 EASTVIEW DR LANTANA FL	1.4 CITY-ST-ZIP	
		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE: Loralie P Hurt LORALIE P. HURT 3/3/98 561969-1890

CR2E034 (10/97)