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 # K63004

(1)

WINTER PARK DOORS, INC.

FILED Jan 22 1997 8:00am Secretary of State



Principal Place	a Or Business	Mailing Address				
4500 HALLELUJAH WAY SANFORD FL 32773 SANFORD FL 32773-6862						
				3. Date Incorporated or Qualified 02/01/1989	3a. Date of Last Report 03/11/1996	
m . in . in	ace of Business	2a. Mailing Address	20 0-1	4. FEI Number	Applied For	
Suite, Apt	3 ORANGE HU	8. 26 HO 23 C	ICANGO HI	2 59-2926233	Not Applica	
Saile, Apr	w, cic.	27	-	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	ton PARK FL	City & State	ARK, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
1 321	189 25 BRAN	6/1 29 32 789 3	COUNTY COUNTY	8- This corporation has liability for i	ntangible tax under s. 199.032, Yes \[\] No	
	9. Name and Address of Cu		10,75	10. Name and Address of New Re		
WAI	TON, ROBERT E.		81 Name			
	HALLELUJAH WAY		82 Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
	FORD FL 32773					
			83			
			84 City		85 Zip Code	
office or re	egistered agent, or both, in the S	0502 and 607.1508, Florida Statutes tate of Florida Such change was au bligations of Section 607.0505, Flori	thorized by the corporat	coration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its register of the appointment as registered	
SIGNATURE	2000	ADOLE,	Registered Agent signature requir		DATÉ	
2.	Signature hypedrui profesi rance of registere OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TLE	PST	DELETE	1.1 TITLE		Change Addit	
AME	WALTON, ROBERT E.		1.2 NAME			
TREET ADDRESS	4500 HALLELUJAH WAY		1 3 STREET ADDRESS			
ITY - \$1 - 70P	SANFORD FL 32773		1.4 CITY-ST-ZIP			
TLE .		☐ DELETE	21 TITLE		Change Addi	
AME			22 NAME			
TREET ADDRESS			2 3 STREET ADDRESS			
ITY - ST - ZIP			2 4 CITY-ST-ZIP	····		
ITLE		☐ DELETE	3 1 TITLE		Change Addi	
AME			3 2 NAME			
TREET ADDRESS			3 3 STREET ADDRESS			
rty - ST - ZIP		☐ DELETE	3.4. CITY - ST - ZIP		☐ Change ☐ Addi	
TLE		_ viten	4.1 TITLE		□ Change □ Audi	
AMÉ			4.2 NAME			
TREET ADDRESS			4.3 STREET ADORESS			
ity - St - Zip Tle	** ** ** ** ** ** * ** * ** ** ** ** **	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addi	
AME			5.2 NAME			
THEFT ADDRESS			5.3 STREET ADORESS			
-TY-ST-ZIP			5.4 CITY-ST-ZIP			
ITLE		☐ DEL€TE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addi	
AME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP 14. I do herel	by certify that the information sup	plied with this filing does not qualify	6.4 CITY-ST-ZIP for the exemption stated	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same legs	s. I further certify that the	