

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994.
AMOUNT DUE ON OR BEFORE 8/18/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

94 JUL -1 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jon Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K94207 (3)

1. Corporation Name
MR. WINDOW TINTING, INC.

Mailing Address: **% JOEL LEITSON
5958 THOMAS ST.
HOLLYWOOD FL 33021**
Principal Place of Business: **% JOEL LEITSON
5958 THOMAS ST.
HOLLYWOOD FL 33021**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2a		06/09/1989		04/23/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0128686		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
23		28		☒ \$8.75 Additional Fee Required ☐ Nonprofit with IRS 501(c)(3) Tax Exempt Status		☐ \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
24	25	29	30	☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

**LEITSON MARY
5958 THOMAS STREET
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of corporation

Signature, typed or printed name of registered agent and title of corporation

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/D	11 TITLE	
12 NAME	LEITSON, MARY	12 NAME	
13 STREET ADDRESS	5958 THOMAS ST.	13 STREET ADDRESS	
14 CITY - ST - ZIP	HOLLYWOOD FL	14 CITY - ST - ZIP	
21 TITLE		21 TITLE	
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY - ST - ZIP		24 CITY - ST - ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY - ST - ZIP		34 CITY - ST - ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY - ST - ZIP		44 CITY - ST - ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY - ST - ZIP		54 CITY - ST - ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.01(2)(b), 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 member or partner employed to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or on an attachment with an address.

SIGNATURE:

Mary Leitson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/94 305-989-0707
Filing a Change