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PROFIT CORPORATION ANNUAL REPORT **1997** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 21 1997 8:00am

Secretary of State

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oel Leison 4/10/97 9549890707

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K94207

(3)

MR. WINDOW TINTING, INC.

**SIGNATURE:** 

Pribeidal Placi	e of Business	Mailing Address			I IBBN 111 118 IBN 1181 1181 1181 1181 1181 1	\{\  \  \  \  \  \  \  \  \  \  \  \  \  \	
Principal Place of Business 5959 THOMAS ST.		5958 THOMAS ST.	*				
HOLLYWOOD F		HOLLYWOOD FL 33021-3	249				
					3. Date Incorporated or Qualified 06/09/1989	3a. Date of Last F 09/24/1996	Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<del></del>	pplied For
1]	·	26			65-0128688		ot Applicable
— Su₁te, Apt . ∏	#, elc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & State	е	City & State			# Floring Committee Floring		equired
3		28			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zφ	Country	Zφ	Cour	ntry	8. This corporation has liability for in		
	25	29	30		Fiorida Statutes	Yes No	
	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New Reg	jistered Agent	
	SON, JOEL A			61 Name			
	THOMAS STREET		<u> </u>	82 Street Add	dress (P.O. Box Number is Not Acceptabl	ie)	
HOL	LYWOOD FL 33021		-	83		<del></del>	
				53			
				64 City		FL 85 Zip	Code
II Purcuant	to the provisions of Sections 607	0502 and 607 1508 Florida State	dee the eh	Overnamed cor	rporation submits this statement for the pu		ito ropietoro
office or r	registered agent, or both, in the S	tate of Florida. Such change was	authorized	by the corpora	ation's board of directors. I hereby accept	t the appointment as	registered
	im familiar with, and accept the of	Digations of, Section 607.0505, F	Iorida Stati	Jtes.			
SIGNATURE							
	Shoughter: formed or contest name of recosteror	1 ament and title if applicable (NE	TE Registered	Anent elanahire teal	uited when reinstation)	DATE	
	Stignature Typical or protect name of registering OFFICERS			Agent signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTOR	BS IN 12
2.		t agent and title it applicable. (NO AND DIRECTORS DELETE	TE Registered		uired when reinstaling) ADDITIONS/CHANGES TO OFFICE		
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