

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L56905

(7)

1. Corporation Name

~~N.R. WINDOWS, INC.~~
N R WINDOWS, INC.

Principal Place of Business

**% NOSHAD ALI SHAMSHAD
2300 PALM BCH. LAKES BLVD., STE. 200-C
W. PALM BCH. FL 33409
US**

Mailing Address

**% NOSHAD ALI SHAMSHAD
2300 PALM BCH. LAKES BLVD., STE. 200-C
W. PALM BCH. FL 33409
US**

2. Principal Place of Business

21. Suite, Apt. #, etc.

2a. Mailing Address

25. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

9. Name and Address of Current Registered Agent

**SHAMSHAD, NOSHAD ALI
2300 PALM BCH. LAKES BLVD.
SUITE 200-C
W. PALM BCH. FL 33409**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualified
03/14/1990

3a. Date of Last Report
07/08/1994

4. FEI Number
65-0172590

Applied For
☐ Not Applicable

5. Certificate of Status Desired **XX** **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

DO NOT WRITE IN THIS SPACE.

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 must be printed name of registered agent and their title.

NOTE: Registered Agent signature required when changing.

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. **PD**
SHAMSHAD, NOSHAD ALI
2300 PALM BCH. LAKES BLVD., STE. 200-C
W. PALM BCH. FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. 1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 Section 119.07(3)(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 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 of a filing or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOSHAD ALI SHAMSHAD

1-9-95 407 687-2009