## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

	1997	DIVISION OF CO	RPORATIO	ONS				
DOCUI 1. Corporation	MENT # <b>L64869</b>	(5)						
HOWE R	escreening & Aluminui	M, INC.				8181) 81811 Bif	id Dibir Billir f	(1 <b>4</b> 1) ( <b>64</b> )
Principal Place of Business		Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*************	150, 150,
12920 WALSINGHAM RD UNIT D		12820 WALSINGHAM RD UNIT D			}			
LARGO FL 3464	4	LARGO FL 33774-3511			1			
					3. Date Incorporated or Qualified 04/10/1990		te of Last Re 1/1996	eport
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			59-3002568			1 Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			6. Certificate of Status Desired		\$8.75 A	
City & Stat	В	City & State			6. Election Campaign Financing	<del></del>	\$5.00	-`
23		28		Trust Fund Contribution		Added t		
Zip			Country		8. This corporation has liability for			199.032,
24	25	29 3	0			Yes [		
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Re	gistered A	gent	
	/E, STEVEN K		01					
12920 Walsingham RD Unit D			82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
	30 FL 34644		83	ļ			· · · · · · · · · · · · · · · · · · ·	
LAIR	30 12 01011							
			84	City		FL	<b>85</b> Zip (	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	the above	e-named corp	poration submits this statement for the p		changing it	s registered
office or r agent if a	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was aut lations of, Section 607.0505, Florid	horized by da Statutes	/ the corporat s.	poration submits this statement for the patient's board of directors. I hereby acception's	ot the appo	intment as	registered
SIGNATURE			•					j
	Signature, typical or printed name of registered ag			ont signature requir	red when reinstaling)	DATE	OIDEGEOR	0.0040
<b>12.</b> TITLE	PTD OFFICERS AN	ID DIRECTORS  DELETE	13. 1.1 TITLE	·	ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	Addition
hAMé	HOUR OTHERN K		1.2 NAME	Ì			Onange	Addition
STREET ADDRESS	340 12 AVE N		1.3 STREET ADDRESS					
CHTY-ST-ZIP	INDIAN ROCKS BCH FL		1.4 CITY-ST-ZIP					,
1/LF	DELETE		21 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAMÉ	HOWE, WANDA E.		22 NAME					)
STREET ADORESS	340 12 AVE N		2.3 STREET	ADDRESS				
CITY-ST-2IP	INDIAN ROCKS BCH FL		2. 4 CITY -	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			٦	Change	Addition
NAME			3.2 NAME	Ì				)
STREET ADDRESS			3.3 STREET	t				ļ
CHTY - ST - ZIP		DELETÉ	3.4. CITY-	ST-ZIP			Change	Addition
TITEF MANNE		LJ OLLEIL	4.1 TITLE 4.2 NAME	-			La Change	F"3 VADICIDIT
NAME STREET ADDRESS			4.2 NAME	1				
CITY-ST-ZiP			4.4 CITY-S	1				
TITLE		☐ DELETE	5.1 TITLE	71 LII	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME		_	5.2 NAME	}			-	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY - ST - ZIP			5.4 CITY-S	ST-ZIP			<u> </u>	
THIE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME	ĺ				
STREET ADDRESS			6.3 STREET	ADDRESS				
				1				,

14. I do 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 ind-cated on this annual report or suppliemental 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 projective 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 my in attachment with an address.

SIGNATURE:

HEQUIP**ite**Ven K. Howe NTED NAME OF BIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 29 1997 8:00am

Secretary of State

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