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

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9. Name and Address of Current Registered Agent

PROFIT CORPORATION

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KLOTZ, RICHARD 9230 GETTYSBURG RD.

BOCA RATON FL 33434

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1997		Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
DOCUMENT # M 1. Corporation Name BLUE WATER WINDOW	155024 Washing, Inc.	·			BANA BANA DIOMANA	
Principal Place of Business	Mailing	g Address				
% RICHARD KLOTZ % RICHARD KLOTZ 9230 GETTYSBURG RD. 9230 GETTYSBURG RD. BOCA RATON FL 33434 BOCA RATON FL 33434-5527						
				Date Incorporated or Qualified		of Last Report
			i	07/06/1987	08/22/	1996
2. Principal Place of Business	2a. Ma	iling Address	4	, FEI Number	'	Applied For
21	26			59-2819368		Not Applicable
Suite, Apt. #, etc.	Su 27	ite, Apt. #, etc.	5	Certificate of Status Desired	\$	8.75 Additional Fee Required
City & State	Crt	y & State	6	Election Compaign Financing		\$5 00 May Ro

84 City Zip Code 85 FL 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

Country

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agent, Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature: typed or pointed nation of tregistered agents and table. Lapplicable (NOTE: Registered Agent signature required which reinstalling) DATE										
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 12				
TITLE	PVD	DELETE	11 101F		Change	Addition				
NAME	KLOTZ, RICHARD A.		1.2 NAME							
STREET ADDRESS	9230 GETTYSBURG RD.		1.3 STREET ADDRESS							
CITY-ST-ZIP	BOCA RATON FL		1.4 CHY-S1-ZIF							
TITLE		DELETE	2.1 TITLE		Change	Addition				
NAME]			22 NAME							
STREET ADDRESS			23 STREET ADDRESS							
CITY-ST-ZIP			2, 4 CITY - ST - ZIP							
TITLE		DECETÉ	3.1 TITLE		· Change	Addition				
NAME			3.2 NAME							
STREET ADDRESS			33 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY - ST - 7(P							
TITLE		DELETE	4.1 TITLE		, Change	Addition				
NAME (4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP	_		4.4 CITY-ST-7IP							
TITLE		DELETE	5 1 TITLE		☐ Change	Addition				
NAME			5.2 NAME .							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 C(1Y - S1 - 2(P							
TITLE) DELETE	61 TOLE		Change	Addition				
NAME			62 NAME							
STREET ADDRESS			63 STREET ADDRESS							
DITY-ST-ZIP			G 4 CITY-ST-ZIP							

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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 if thanged, or on an attachment with an approximation.

Trust Fund Contribution

Florida Statutes

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

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Yes No

Added to Fees

FILED

Apr 16 1997 8:00am