

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P14656 1. Corporation Name SANTANA PRODUCTS, INC.	(3)
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Principal Place of Business 1300 MEYLERT AVE SCRANTON PA 18509 US	Mailing Address 1300 MEYLERT AVE SCRANTON PA 18509-2225 US
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2. Principal Place of Business 21 1300 Meylert Ave. Suite, Apt. #, etc. 22 City & State 23 Scranton PA Zip Country 24 18509 25 USA	2a. Mailing Address 26 PO Box 2021 Suite, Apt. #, etc. 27 City & State 28 Scranton PA Zip Country 29 18501 30 USA	3. Date Incorporated or Qualified 06/01/1987	3a. Date of Last Report 04/16/1996	4. FEI Number 54-1145649 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent STAMBONE, CARMEN 123 W. CHRISTINA BLVD LAKELAND FL 33813	10. Name and Address of New Registered Agent 81 Name John Timothy Hawkins 82 Street Address (P.O. Box Number is Not Acceptable) 124 Sixth Street South 83 84 City St. Petersburg FL 85 Zip Code 33701
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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 *J.T. Hawkins* 4/16/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME PD LYNCH, MICHAEL T. STREET ADDRESS 301-11 CLIFF ST CITY-ST-ZIP SCRANTON PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1300 MEYLERT AVENUE 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME ST GAVIGAN, JAMES M. STREET ADDRESS 301-11 CLIFF ST CITY-ST-ZIP SCRANTON PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 1300 MEYLERT AVENUE 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME D LYNCH, MICHAEL T., JR STREET ADDRESS 301-11 CLIFF ST CITY-ST-ZIP SCRANTON PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 1300 MEYLERT AVENUE 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 if changed, or on an attachment with an address.

SIGNATURE: *J. M. G...* 4/14/97

CR2E034 (9/96)