

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P21321 (5)

1. Corporation Name
JW WINDOW COMPONENTS, INC.



Principal Place of Business
%1500 NORTH DALE MABRY HIGHWAY
TAMPA FL 33607-6293

Mailing Address
%1500 NORTH DALE MABRY HIGHWAY
TAMPA FL 33607-6293

3. Date Incorporated or Qualified 10/17/1988 3a. Date of Last Report 05/01/1995

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	13-3429839	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 typed or printed name of registered agent and then applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMY, RICHARD E	1.2 NAME	
STREET ADDRESS	1500 N. DALE MABRY HWY.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	1.4 CITY-STATE-ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELDON, WILLIAM H.	2.2 NAME	
STREET ADDRESS	1500 N. DALE MABRY HWY	2.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	2.4 CITY-STATE-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATLOCK, K.J.	3.2 NAME	VAT
STREET ADDRESS	1500 N. DALE MABRY HWY.	3.3 STREET ADDRESS	KURUCZ, DONALD M
CITY-STATE-ZIP	TAMPA FL	3.4 CITY-STATE-ZIP	1500 N. Dale Mabry Hwy.
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, MARY C	4.2 NAME	
STREET ADDRESS	1500 N. DALE MABRY HWY.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	4.4 CITY-STATE-ZIP	
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KETCHAM, T. G	5.2 NAME	AT
STREET ADDRESS	1500 N. DALE MABRY HWY	5.3 STREET ADDRESS	EISCH, CYNTHIA B.
CITY-STATE-ZIP	TAMPA FL	5.4 CITY-STATE-ZIP	1500 N. Dale Mabry Hwy.
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURHAM, ROBERT G.	6.2 NAME	
STREET ADDRESS	1500 N. DALE MABRY HWY.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	6.4 CITY-STATE-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)(k), 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: By/ Cynthia B. Eisch ASST. TREASURER 2/7/96 (813) 871-4273

SIGNATURE (NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E034 (12/95)