

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

APPROVED
AND
FILED

95 JUL 10 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38763

1. Corporation Name

EMBASSY WINDOW FASHIONS, INC.

Principal Place of Business

Mailing Address

12638 WATERHAVEN CIRCLE
ORLANDO FL. 32828

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

MAY 16 1992

3a. Date of Last Report

MAY 94

2. Principal Place of Business

21 12638 WATERHAVEN CIR

2a. Mailing Address

26 12638 WATERHAVEN CIR

4. FEI Number

581986434

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

23 ORLANDO, FL

City & State

28 ORLANDO, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 32828

Country

25 US

Zip

29 32828

Country

30 US

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACK CALO JR
12638 WATERHAVEN CIR
ORLANDO, FL 32828

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 JACK CALO JR

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is required when renouncing)

DATE

6/25/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRES
JACK CALO JR
12638 WATERHAVEN CIR
ORLANDO, FL. 32828

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP/SEC / TREASURER
CYNTHIA R. CALO
12638 WATERHAVEN CIR
ORLANDO, FL. 32828

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 in the 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 the name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: JACK CALO JR 6/25/95 (407)381-3243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #