

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38763 (9)  
1. Corporation Name  
EMBASSY WINDOW FASHIONS, INC.

Principal Place of Business 12638 WATERHAVEN CIRCLE ORLANDO FL 32828	Mailing Address 12638 WATERHAVEN CIRCLE ORLANDO FL 32828
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/08/1992	4. FEI Number 58-1986434	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 1627 MIZELL AVE Suite, Apt. #, etc. 22 City & State WINTER PARK, FL 23 Zip 32789 Country US	2a. Mailing Address 26 1627 MIZELL AVE Suite, Apt. #, etc. 27 City & State WINTER PARK, FL 28 Zip 32789 Country US
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9. Name and Address of Current Registered Agent

CALO, JACK JR.  
12638 WATERHAVEN CIRCLE  
ORLANDO FL 32828

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 32789

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 title if applicable

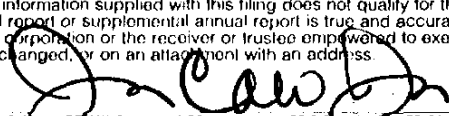
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALO, CYNTHIA R.	1.2 NAME	
STREET ADDRESS	12638 WATERHAVEN CIRCLE	1.3 STREET ADDRESS	1627 MIZELL AVE
CITY-ST-ZIP	ORLANDO FL 32828	1.4 CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALO, JACK JR.	2.2 NAME	
STREET ADDRESS	12638 WATERHAVEN CIRCLE	2.3 STREET ADDRESS	1627 MIZELL AVE
CITY-ST-ZIP	ORLANDO FL 32828	2.4 CITY-ST-ZIP	WINTER PARK FL 32789
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

 JACK CALO, JR 4/26/98 (407) 594-7125

CR2E034 (10/97)