FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 11 PM 10: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000009319 (4)

1. Corporation Name
D & D WINDOW & SCREEN, INC.

Principal Place of Business:
4100 N. POWERLINE RD.
S-5
POMPANO BEACH FL 33073

Mailing Address:
4100 N. POWERLINE RD.
S-5
POMPANO BEACH FL 33073

3. Date Incorporated or Qualified: 12/04/1992
3a. Date of Last Report: 10/17/1994

2. Principal Place of Business
21 4100 N Powerline Rd S-5
22 Suite, Apt #, etc. R. S-5
23 City & State: Pompano Bch, Fl.
24 Zip: 33073
25 Country: Broward

2a. Mailing Address
26
27 Suite, Apt #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 65-0259270 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation [illegible] Florida Statutes. [ ] Yes [X] No

9. Name and Address of Current Registered Agent
FISHMAN, ALAN S ESQ
2300 W. SAMPLE ROAD
SUITE 202
POMPANO BEACH FL 33073

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 ______ Date ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOLIFRATH, RICHARD
STREET ADDRESS	4100 N. POWERLINE RD. S-5
CITY-ST-ZIP	POMPANO BEACH FL 33073
TITLE	D
NAME	KOLIFRATH, JOANNE
STREET ADDRESS	4100 N. POWERLINE RD. S-5
CITY-ST-ZIP	POMPANO BEACH FL 33073

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	[X] Change [ ] Addition	OMIT PLEASE
2 TITLE	[ ] Change [ ] Addition	President
2 NAME		JoAnn Kolifrath
2 STREET ADDRESS		4100 N Powerline Rd S-5
2 CITY-ST-ZIP		Pompano Bch, Fl.
3	[ ] Change [ ] Addition	
4	[ ] Change [ ] Addition	
5	[ ] Change [ ] Addition	
6	[ ] 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 119.07(i)(a), 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: JoAnn Kolifrath 5/9/95 (305) 970-4705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0115223 CP