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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra R. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200009811 (0)

ARTISTRY WINDOW GRAPHICS, INC.

FILED
Apr 09 1998 8:00am
Secretary of State



Principal Place	e of Business	Mailing Address			- I TOOLINAD 150 COLIN IIDIS OOTSE AATSI ABIIS OOTSE COLIN CASE I DIET EEDDE 1107 1001		
2966 GLENPA		35246 US 19 NORTH					
PALM HARBOR FL 34683 US		#117			DO NOT WRITE IN THIS SPACE		
		PALM HARBOR FL 34684					
		US			3. Date Incorporated or Qualified 12/04/1992		
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-3158552	No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	
22		27			5. Continuate of States Desired	Fee Re	equired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Coun'	lry	8. This corporation owes or has paid the cu		
24	25		30				No
	g, Name and Address of Curr	ent Registered Agent		I1 Name	10. Name and Address of New Registered	Agent	
	ALS, SANDRA J		"	Name			
	66 GLENPARK RD		1	2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
PA	LM HARBOR FL 34683		-				
			*	13			
			lε	4 City		85 Zip (Code
					FL	- []	
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508, Florida Statute	s, the about	ove-named corp	poration submits this statement for the purpose oution's board of directors. I hereby accept the ap-	of changing it	ts registered
agent. I a	m familiar with, and accept the obt	igations of, Section 607.0505, Flo	rida Statu	les.	titor's board of directors. Thereby accept the ap-	Jointine it as	ieBistered
SIGNATURE							
	Signature, typed or printed name of registered in		Repistered /	Agent signature requ	ired when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D D	☐ DELETE	1.1 TITL	1			☐ Addition
NAME	SEALS, SANDRA J		1.2 NAW	IE [
STREET ADDRESS	2966 GLENPARK RD		1.3 STRI	EET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL		1.4 CfTY	'-ST-ZIP			
TITLE		☐ DELETE	2.1 THTL	E		Change	Addition
NAME			2.2 NAM	IE			
STREET ADDRESS			2.3 STR	EET ADDRESS	••		
CITY-ST-ZIP			2.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	3.1 TITL	E		Change	
NAME			3.2 NAM	Œ			
STREET ADDRESS			3.3 STR	EET ADORESS			
CITY-ST-ZIP			3.4. CIT	Y-S1-ZIP			
TITLE		☐ DELETE	4.1 TITL	E	 . —————————————————————————————————	Change	Addition
NAME			4. 2 NAI	WE			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP			4.4 CITY	'-ST-ZIP			
TITLE		☐ DELETE	. 5.1 TITL	E		Change	Addition
NAME			5.2 NAM	KE			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CITY	'-ST-ZIP			
TITLE		DELETE	6.1 TITL	E		☐ Change	Addition
NAME			6.2 NAM	1E			
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP			6.4 CITY	r-ST-ZIP			
14. I hereby o	certify that the information supplied	with this filing does not qualify fo	r the exer	nption stated in	Section 119.07(3)(i), Florida Statutes. I further o	ertify that the	information
officer or	on this annual report or supplementation of the corporation or the re or Block 13 if changed, or on an ar	ceiver or trustee emp rwered t o e	urate and execute th	inat my signati is report as rec	ure shall have the same legal effect as if made u quired by Chapter 607, Florida Statutes; and that	noer oath; tha my name ap	at I am an pears in