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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000020943 (5)

Country

8280-8 PRINCETON SQUARE BLVD WEST

9. Name and Address of Current Registered Agent

25

SIMONIC, NICHOLAS T

JACKSONVILLE FL 32256

VISION WINDOW WASHING, INC.

Principal Place of Business

2. Principal Place of Business

6121 COLLINS RD JACKSONVILLE FL 32244

Suite. Apt. #. etc.

City & State

22

23 Zip

24

Mailing Address

P.O. BOX 14336 JACKSONVILLE FL 32238

2a. Mailing Address

City & State

27

29

Suito, Apt. #, etc.

FILED Mar 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/16/1993 4. FEI Number Applied For 59-3156040 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

\$5.00 May Be

	11	rust Fund Contribution	<u> </u>	Add	ed to Fees			
ountry	•. ,,	nis corporation owes or has personal Property Tax due Jur		rent year Yes	Intangible No			
	10. N	ame and Address of New F	Registered	Agent				
81	Name							
82	Street Address (P.O. Box Number is Not Acceptable)							
83					 			
84	Ca.,			les 3	Zin Codo			

6. Election Campaign Financing

office or re agent. I ar	egistered agent, or both, in the State of Florida. S In familiar with, and accept the obligations of, Sc	Such change was au ction 607.0505, Flor	uthorized by the cor rida Statutes.	poration's board of directors. I hereby accept the a	appointment as	registered
SIGNATURE				e required when reinstating) DATE		
12.	Signature, typed or printed name of registered agent and title if app OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS A	-	IS IN 12
	D OFFICENS AND DIRECTO	DELETE	1.1 TRLE	T ADDITIONS/OFFACION TO OFFI OLERO F	☐ Change	Addition
TITLE	PASQUINO, LAWRENCE	ב טנננונ			Ondingo	, noomon
NAME			1.2 NAME			
STREET ADDRESS	6121 COLLINS RD, #173 / 01		1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32244		1.4 CITY+ST-ZIP			
TITLE	ST	DELETE	21 TITLE	ST	Change	Addition
NAME	CARVER, INEZ P		22 NAME	PASQUINO, DORIS I.		
STREET ADDRESS	6121 COLLINS RD., #4598 / 0/		23 STREET ADDRESS	6121 COLLINS RD. #101		
CITY-ST-ZIP	JACKSONVILLE FL 32244		2 4 CITY+ST-ZIP	JACKSONVILLE, FL 32244	1	
TITLE		DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			,
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5 1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			<u> </u>
TITLE		DELETE	6.1 TITLE	+ _	☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	1		
01TV AT 71D			CACITY OT 78D	'.		

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 eath; 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 on an attachment with an address.

3-11-00

CR2E034 (10/97)