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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P93000052997 (2)

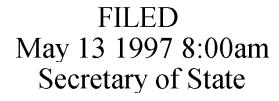
J & D WINDOW & DOOR, INC.

Principal Place of Business

Mailing Address

5360 SW 111TH TERRACE FT. LAUDERDALE PL 33328

5380 SW 111TH TERRACE FT. LAUDERDALE FL 33328-4742





3. Date Incorporated or Qualified

07/26/1993

3a. Date of Last Report

04/12/1996

9 Principal P	lace of Business	2n Mail	ing Address				4. FEI Number Applied For		
	lace of business	<del>-</del>	ing Address					$\exists$	
21 2	# ato	26	- Ant # ata					<u>e</u>	
Suite, Apt.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required		
City & State	е	City	City & State				6. Election Campaign Financing \$5.00 May Be	7	
23		28					Trust Fund Contribution	╛	
Zip	Country	Zip		Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032,	_}	
24 25 29				30			Florida Statutes Yes No		
	9. Name and Address of Current	Registered	Agent				10. Name and Address of New Registered Agent		
DAVID, JOHN P 5380 SW 111TH TERRACE					81	81 Name			
					82 Street Address (P.O. Box Number is Not Acceptable)				
FT, LAUDERDALE FL 33328					District Advisory (1.5) Edit Hamilton (1.1) (1.5)				
					B3			٦	
					84	City	85 Zip Code	$\dashv$	
					**	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 registere									
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 ager	t and title if appii	icable (NOTE	Registere	d Agei	nt signature requir	red when reinstating) DATE	- ]	
12.	OFFICERS AND	DIRECTOR	S	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	73	
TITLE	PD		DELETE	1.1 T	TLE	1	Change Additio	n s	
NAME	DAVID, JOHN P			1.2 N	AME	1			
STREET ADDRESS	5380 SW 111TH TERRACE			1.3.5	REFT	ADDRESS		- [8	
CITY-ST-ZIP	FT. LAUDERDALE FL				1Y-\$			Š	
TITLE			DELETE	2.1 TI		<del>' '"</del> ~ <del> </del> ~	☐ Change ☐ Addition	<u>,                                    </u>	
NAME			<u>-</u>	22 N	AME	- 1		ĺ	
STREET ADDRESS	•					ADDRESS		1	
CITY-ST-ZIP						51 - ZIP		1	
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NAME				3.2 N		1		ł	
STREET ADDRESS						ADDRESS		- [	
CITY-ST-ZIP						S1-ZIP		- [	
TITLE			DELETE	4.1 TI		51-21F	Change Addition	in l	
NAME	•			4.2 N		1		"	
STREET ADDRESS						ADDRESS		}	
						1		- }	
CITY-ST-ZIP TITLE			DELETE	5.1 TE	TY-S	1-2IP	Change Addition	-	
NAME				5.2 N		{	Juliange Control	~~	
	•			•		ADDRESS		- }	
STREET ADDRESS						ADDRESS		$\parallel$	
CITY-ST-ZIP	<del> </del>		DÉLETE	6.1 TI	TY-S	1 - ZIP	Change Addition	\n	
			CJ SECCIC				C Orlange C Accuracy	"]	
NAME				6.2 N.				1	
STREET ADDRESS				9		ADDRESS		}	
City-St-ZiP	by certify that the information currelies	with this fali	na does not qualif		TY-S		d in Section 119 07/3(ii) Florida Statutes Uturther portion that the	$\dashv$	
14. I do 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 ecciver 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 chapter or director of the corporation or the ecciver 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 chapter or director of the corporation or the ecciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name									
Illa lan and dad and									
SIGNATURE: 420/97-954-434-0229									
	SIGNATURE AND TYPETOR CRUMTED STOP OF SIGNING OFFICER OR DIDECTOR								