FILE NOW: FILING FEE AFTER MAY 1 IS $22 .00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/21/95--01037--009
****200.00 ****200.00

DOCUMENT # **P94000022337 (7)**

1. Corporation Name
FOSTER WINDOW PARTS & SERVICE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~701 NE 18TH ST~~ 1816 N Dixie Highway FT LAUDERDALE FL 33305	~~701 NE 18TH ST~~ 1816 N Dixie Highway FT LAUDERDALE FL 33305

3. Date Incorporated or Qualified: 03/18/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1816 N. Dixie Highway	26 1816 N. Dixie Highway
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Fort Lauderdale, Florida	City & State 28 Fort Lauderdale Florida
Zip 24 33305 Country 25	Zip 29 33305 Country 30

4. FEI Number: 65 04 89329 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STYLES, MICHAEL J 2455 E SUNRISE BLVD 400 FT LAUDERDALE FL 33304	81 Name: Styles Michael J 82 Street Address (P.O. Box Number is Not Acceptable): 629 S.E. 5th Avenue 83 84 City: Fort Lauderdale FL 85 Zip Code: 33301

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	☐ Change ☐ Addition
NAME	James S. Overyat	12 NAME	
STREET ADDRESS	2647 N.W. 33rd St Apt 2101	13 STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale Florida 33309	14 CITY-ST-ZIP	
TITLE	Secretary	21 TITLE	☐ Change ☐ Addition
NAME	James R. Collins	22 NAME	
STREET ADDRESS	217 Washington Avenue	23 STREET ADDRESS	
CITY-ST-ZIP	Island Park, New York 11533	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS	T.S. 6/20/95	63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

REMITTED BY MAY 1.

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(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: James S Overyat 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
James S. Overyat

0210035 CP