PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000022337

1. Corporation Name

FOSTER WINDOW PARTS & SERVICE, INC.

Principal Place	of Business	Mailing Address				'''					
1816 N DIXIE HIGHWAY FT LAUDERDALE FL 33305			1816 N DIXIE HIGHWAY FT LAUDERDALE FL 33305								
							DO NOT WRITE IN THIS SPACE				
							3. Date In	corporated or Qualifed			
							03/18	/1994			
2 Principal Pi	ace of Business	2a. Mailing Address				4. FEI Nu	nber			App ied For	
21			26			65-04	89329			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.							Ac ditional	
–			27			5. Certifica	te of Status Desired		Fee	Required	
City & State			City & State			& Flection	Campaign Financing		\$5.0	0 May Be	
			28				und Contribution			d to Fees	
Zip Coun ry			Zip Country				8 This co	rporation owes the cur	rent vear In	tangible	
			29 30				Personal Property Tax.				
24	9. Name and Addi	ess of Current	<u> </u>	1301				and Address of New	Registere 1	Agent	
	5. Name and Add	033 01 00170111	. togiotorou / tgoti		81	Name					
STYL	ES, MICHAEL J				82						
629 S.E. 5TH AVENUE FT LAUDERDALE FL 33301						Street Ad	Idress (P.O. Box	Number is Not Accept	table)		
					83						
FIL	HODERDALL I E 300	101			63						
					84	City	_			85 Z	p Code
		_							Fl	-	
office or r	edistered agent, or bot	າ in the State ດັ	and 607.1508, Florida Stati Florida. Such change was ons of, Section 607.0505, F	a utnorized	ועסנ	іпе согрога	ation's board of d	rectors. I hereby acce	pt the app	intment as	registered
SIGNATURE	Signature, typed or printed har		(NO)	TI : Banistared	Agen	Leonatura ranu	red when reinstating)		DATE		·
		OFFICERS AND		13.	rigor	t digitates a requ		NS/CHANGES TO O	FICERS /	ND DIREC	TORS IN 12
12.	P	JI I ICENS AND	DELETE	1,1 TI	n F			110,0,0,0,0,0		Chang	
	OVERZAT, JAMES S		_		12 NAME						
NAME .			Ī			ADDDERD					
STREET ADDRESS	ET LAUDEDDALE EL DOGGO				1.3 STREET ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33309			1.4 CITY-ST-ZIP		1-ZIP				Chang	e
TITLE	S				2.1 TITLE						
NAME	COLLINS, JAMES R			2.2 NAME							
STREET ADDRESS	217 WASHINGTON	N AVENUE		2.3 \$	REET	ADDRESS					1
CITY-ST-ZIP	ISLAND PARK NY 11533				2. 4 CITY-ST-ZIP						
IJJJ∕E			DELETE							Chang	e
NAME	ME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP	- ZIP			3.4. CITY-ST-ZIP							
TITLE			☐ DELETE	4 1 TI	TITLE					Chang	ge
NAME				4. 2 NAME							
STREET ADDRESS.	4.3		4.3 S	4.3 STREET ADDRESS							
CITY-ST-ZIP	4,6		44 C	4.4 CITY- ST-ZIP							
TITLE			☐ DELETE							☐ Chan	ge Addition
NAME				5.2 N	AME						
				5.3 S	TREET	ADDRESS					1
STREET ADDRESS				•	ITY-SI						
CITY-ST-ZIP				6.1 TI						☐ Chang	ge Addition
				6.2 N	AME					•	
NAME						ADDRESS					
	i			# 0,33	O MARKET	,					

6.4 CITY-ST-ZIP

SIGNATURE: 🔀

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I hereby certify that the information supplied with this filling does not qualify to 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 attaching with an address, with all other like empowered.

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90008 006 ***150.00