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

PROFIT SORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000026294 1. Corporation Name

ADVANCED WINDSHIELD, INC.

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90022 004 ***150.00



Principal Place of Business Mailing Address					ing tunna antin kinna ngint aton aton tan
2798 PARK \$1		2798 PARK ST N	•		
ST PETERSBURG FL 33710 ST PETERSBURG FL 33710				DO NOT WRITE IN TH	IIC CDACE
				3. Date Incorporated or Qualifed	IIO SPACE
		•		04/04/1994	
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3237005	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip ·	Country	Zip	Country	8. This corporation owes the current year	
24	25		30	Personal Property Tax.	☐ Yes ☐ No
·	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registere	d Agent
YU.	MEA LIANET O	ARCHER TOWN	81 Name	•	
	ALFA, JANET O 8 PARK ST N		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	PETERSBURG FL 33710			<u> </u>	
31.1	FEIENSBUNG FL 33/ IU		83	· · · · · · · · · · · · · · · · · · ·	14.15世間勘翻欄。
: :			84 City	<u> </u>	■ 85 Zip Code
44 Dureyoni	t to the provinions of Sections 507 0503	2 and 507 1509. Elarida Statuta	the above period com	poration submits this statement for the purpose	_ , ,
office or	registered agent, or both, in the State of	of Florida. Such change was aut	thorized by the corporation	on's board of directors. I hereby accept the app	ointment as registered
agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Florid	da Statutes.		-
SIGNATURE	- Janob Kholk			1/3	<u> </u>
12.	Signature, typed or printed name of registered agent OFFICERS ANI		Registered Agent signature require	+- 13 1	AND DIDECTORS IN 42
TITLE	DP OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	KHALFA, JANET O	Decemen	1.2 NAME		
	ATAN BARY AT N		1		
STREET ADDRESS	ST PETERSBURG FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	31 FETENSBUNG FL	☐ DELETE	1.4 CITY-ST-ZIP	· · ·	Change Addition
TITLE		· P ACTE IC	2.1 TITLE		☐ Change ☐ Addition
NAME .			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	4	•
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE NOTE	Established Company	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME ()	1817 3 2 3 3 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		TO STATE I		
STREET ADDRESS	用特徵的令件等 (1)。		3.2 NAME		
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CITY-ST-ZIP	ETEROGRAPO A CONTRACTOR		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
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	ETERBORITO P. 1 TA	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Chânge ☐ Addition
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NAME			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		☐ Chánge: ☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	C. C	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		

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 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, with all other like empowered.

6.4 CITY-ST-ZIP