

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000039982 (0)

1. Corporation Name

BETTERVIEW WINDOWS INC.



Principal Place of Business

14728 BAY DRIVE
LARGO FL 34644

Mailing Address

14728 BAY DRIVE
LARGO FL 34644

2. Principal Place of Business

21 SAME
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30 Country

9. Name and Address of Current Registered Agent

CIRASULO, MICHAEL
14728 BAY DRIVE
LARGO FL 34644

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 *Michael Cirasulo* Michael Cirasulo

4/17/96

DATE

(NOTE: Registered Agent Signature required when changing address)

Signature, typed or printed, of signing officer or director

10. Name and Address of New Registered Agent

81 Name *SAME*

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

12. OFFICERS AND DIRECTORS

DELETE

13.

TITLE

1.1 NAME

1.2 STREET ADDRESS

1.3 CITY-ST-ZIP

Change

Addition

P/S/D
Michael Cirasulo
14728 Bay Drive
Largo FL 34644

TITLE

2.1 NAME

2.2 STREET ADDRESS

2.3 CITY-ST-ZIP

Change

Addition

V/T
Deborah Cirasulo
14728 Bay Drive
Largo FL 34644

TITLE

3.1 NAME

3.2 STREET ADDRESS

3.3 CITY-ST-ZIP

Change

Addition

TITLE

4.1 NAME

4.2 STREET ADDRESS

4.3 CITY-ST-ZIP

Change

Addition

TITLE

5.1 NAME

5.2 STREET ADDRESS

5.3 CITY-ST-ZIP

Change

Addition

TITLE

6.1 NAME

6.2 STREET ADDRESS

6.3 CITY-ST-ZIP

Change

Addition

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)(k), 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: *Deborah Cirasulo* Deborah Cirasulo 4/17/96

813
S93-5713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)