

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 # P95000047245 (2)

1. Corporation Name

CONTRACT WINDOW COVERINGS, INC.

Principal Place of Business

2900 W. AIRPORT BLVD.
SUITE 109
SANFORD FL 32771

Mailing Address

P.O. BOX 952386
LAKE MARY FL 32795-2386



2. Principal Place of Business

21 2900 W. Airport Blvd.

Suite, Apt. #, etc.

22 Suite 109

City & State

23 Sanford, FL.

Zip

24 32771

Country

25 Seminole

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

3. Date Incorporated or Qualified

06/12/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3359682

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

HOELTER, KATHRYN
2900 W. AIRPORT BLVD.
SUITE 109
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name

HOELTER, Mark

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

2900 W. Airport Blvd.

83 Suite, Apt. #, etc.

Suite 109

84 City

Sanford

FL

85 Zip Code

32771

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

Mark Hoelter

MARK HOELTER

4-20-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP

P/M
MARK
H. HOELTER
205 Springview Dr.
Sanford, FL 32773

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:

Mark Hoelter

MARK HOELTER

4-18-96

407-323-5244

CR2E034 (12/95)