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

Mailing Address

5901 LINCOLN CIRCLE W.

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

5901 LINCOLN CIRCLE W.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000054309

1. Corporation Name

AFFORDABLE WINDOW TINTING, INC.

LAKE WORTH FL 33463 LAKE WORTH FL 33463 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 07/10/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0594441 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Act, #, etc. 5. Certifcate of Status Desired \Box Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State . 🗆 Added to Fees Trust Fund Contribution 23 28 Zip Country 8. This corporation owes the current year Intangible Zip Country ☐ Yes Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ZOETVELT, RUSSELL 82 Street Address (P.O. Box Number is Not Acceptable) 5901 LINCOLN CIRCLE W. LAKE WORTH FL 33463 83 Zip Code 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE TITLE ZOETVELT, RUSSELL NAME 5901 LINCOLN CIRCLE W. 1.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33463 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRES 3.4. CITY-ST-ZIP CITY-ST-ZIF Addition Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 6.1 TITLE TITLE

6.2 NAME

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 of suppliemental 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 of the receiver of instee empowered toget equipment of the receiver of instee empowered toget equipment of the corporation of the receiver of instee empowered toget equipment of the receiver of instee empowered toget equipment of the receiver of the receiver of instee empowered toget equipment of the receiver o

6.3 STREET ADDRESS

Jike empowered

64 CITY-ST-ZIP

officer or director of the corpora Block 12 or Block 13 if charge

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90065 046 ***150.00

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