**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** P95000057234 (3) DESIGNER WINDOWS OF PALM BEACH, INC. Principal Place of Business Mailing Address 6451 EAST ROGERS CIRCLE 6451 EAST ROGERS CIRCLE **BOCA RATON FL 33487 BOCA RATON FL 33487** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/20/1995 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 65-0601395 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOORE, MOSES 6451 EAST ROGERS CIRCLE Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33487** 83 84 City Zip Code 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 little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition NAME GROSS, HAIM 1.2 NAME STREET ADDRESS 6451 EAST ROGERS CIRCLE 1.3 STREET ADDRESS **BOCA RATON FL 33487** CITY - ST - 7IP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition WAZHE WOOVE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition TITI F 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST-ZIP DELETE Addition Channe TITLE 51 TITLE NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP

DELETE

6.1 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 or supplience that I am an officer or director of the corporation or the residuce empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it Chapter 607 and the residue of the

6.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

SIGNATURE:

Change

Addition