

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

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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000073157 (6)

1. Corporation Name

POINT OF VIEW WINDOW FASHIONS, INC.

Principal Place of Business

8263 LEM TURNER ROAD
JACKSONVILLE FL 32208

Mailing Address

8263 LEM TURNER ROAD
JACKSONVILLE FL 32208-2272



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1995	3a. Date of Last Report 07/12/1996
21. Same Above	26. Same Above			4. FEI Number 59-2929881	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip	29. Zip	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25. Country	30. Country			Yes No	

9. Name and Address of Current Registered Agent

NESMITH, KIMBLIN E
2001 ART MUSEUM DRIVE
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	WHITAKER, RICHARD	1.2 NAME	
STREET ADDRESS	3948 OLYMPIC LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	WHITAKER, MARY	2.2 NAME	
STREET ADDRESS	3948 OLYMPIC LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/97

(904) 7883574

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