## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



Ft ORIDA DEPARTMENT OF STATE Sandra B Mortham

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUME					
DOCUMENT # P95000076327 (2)					
ANDERSON	I WINDOW SERVICE, INC	G.			
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Principat Place of Bu	usinėss	Mailing Address			### <b>00</b> ### # <b>00##0 #</b> ##################
4429 OAKLEY GREENE SARASOTA FL 34235		4429 OAKLEY GREENE SARASOTA FL 34235			
				3. Date Incorporated or Qualified 3a. Date of Last Report	
				09/27/1995	3a. Date of Last Report
2. Principa' Place of	of Business Worth Ave	2a. Mailing Address 26 2821-B W	brth Ane	4. FEI Number 65-06/19826	Applied For Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.			\$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State 3 <i>Fnolew C</i>	ood, FLORIDA	Suy & State	. Aorida	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
al Zip	Country	Zip			
434224	25 Charlotte	29 54224	30 Charlotte		<u> </u>
	Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gisterea Agent
Burkstaller, David 4429 Oakley Greene Sarasota Fl 34235		82 Street Addr		ress (P.O. Box Number is Not Acceptable)	
			84 City		FL 85 Zip Code
			l l		
11. Pursuant to the	provisions of Sections 607.0502	and 607 1508, Florida Statut	es, the above-named corp	poration submits this statement for the prince's heard of directors. Unerehy accent	urpose of changing its registered
office or registe agent. I am fam	provisions of Sections 607.0502 ered agent, or both, in the State o niliar with, and accept the obligat	f Florida. Such change was a	authorized by the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	t the appointment as registered
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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 prector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

729.96

941.4753250