

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000087823 (7)
 1. Corporation Name
AMERICAN WINDOW TINTING, INC.



Principal Place of Business 3575 NW FEDERAL HWY JENSEN BCH FL 34957 US	Mailing Address 1501 S.E. DECKER AVE.. #306 STUART FL 34994
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26 3575 N.W. FEDERAL HWY.		11/16/1995		65-0626570		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required			
23 City & State		28 JENSEN BEACH, FLORIDA		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees			
24 Zip		29 34957		30 U.S.A.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAW OFFICES DAVID M. PICCOLO, P.A. 900 E. INDIANTOWN ROAD, SUITE 316 JUPITER FL 33477				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P-V-S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATITUCCI, NICHOLAS		1.2 NAME	PATITUCCI, NICHOLAS	
STREET ADDRESS	1501 S.E. DECKER AVE., #306		1.3 STREET ADDRESS	3575 N.W. FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34994		1.4 CITY-ST-ZIP	JENSEN BCH., FL. 34957	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, WILLIAM		2.2 NAME	PATITUCCI, GAIL S.	
STREET ADDRESS	1501 S.E. DECKER AVE., #306		2.3 STREET ADDRESS	3575 N.W. FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34994		2.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address

SIGNATURE: *Nicholas Patitucci* NICHOLAS Patitucci 4-16-98 (561) 101-3344

CR2E034 (10/97)