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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000097644 (5)

ARCHITECTURAL FENESTRATION SERVICES, INC.

Principal Place of Business

Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



DEERFIELD BEACH FL 33441			DEERFIELD BEACH FL 33441-3939										
								1 -	Date Incorporated or Qualified 12/21/1995		ate of Last F	Report]
2. Principal Place of Business			28.	2s. Mailing Address				4.	FEI Number		A	pplied For	1
21			26	· · · · · · · · · · · · · · · · · · ·					65-0636259		N	ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. (5. Certificate of Status Desired Section Section 5. Section 5. Section 5. Section 5. Section 6. Sec				
City & State				City & State				6 F	Election Campaign Financing			May Be	1
23				26					Trust Fund Contribution			to Fees	
Zip	Country			Zip Goui			, .		This corporation has liability for	intangible			1
24		30				· -	Yes						
	g, Name and	Address of Current	Regis	stered Agent				10.	Name and Address of New Re	gistered	Agent		1
DIE	trich, Edwar	ID H				81	Namo						1
58 S RAILROAD AVE						82	Street A	Address (P.0	O. Box Number is Not Acceptal	ole)			$\frac{1}{2}$
DEE	ERFIELD BEACI	H FL 33441					0	. 100,000 (or box realiser is restricted.	510,			-
						83							1
						84	City				11	<u> </u>	4
						04	City			FL	85 Zip	Code	
11. Pursuant i office or re agent. I a	to the provisions egistered agent, m familiar with, a	of Sections 607.0502 or both, in the State on accept the obligation	and 6 of Flori- tions o	07.1508, Florida Statuti da. Such change was a f, Section 607.0505, Fto	es, the authori orida S	abovized by	e-named of the corp	corporation poration's bo	submits this statement for the pard of directors. I hereby acce	ourpose o	of changing i pointment as	ts registered registered	1
SIGNATURE													1
0.077710112	Signature, typed or pro	nted name of registered agen			l Hegist	Irred Age	ent signature i	required when re	einstating)	DATE			
12.		OFFICERS AND	DIREC	101]A	ODITIONS/CHANGES TO OFFIC	CERS ANI			٤
TITLE	PD			☐ DETEIE	1.	1 TITLE					√ [] Change	■ Addition	Ž
NAME	DIETRICH, E				1.1	2 NAME							3
STREET ADDRESS		RAIL SOUTH			1.3	3 STREET	ADDRESS						l S
CITY-ST-ZIP	BOCA RATO	N FL 33498				4 CITY - S	T-ZIP						_[6
TITLE	VD.			☐ DELETE	2.	1 TALLE					Change	Addition	(
KAME		RG, BRADLEY E			2.	2 NAME							
STREET ADDRESS	906 SE 11 S				2.3	3 STREET	ADDRESS						
CITY-ST-ZIP		BEACH FL 33441			_	4 CITY -	ST-ZIP						
TITLE	STD			☐ DELFTE	3.	1 JULE					Change	☐ Addition	1
NAME	DIETRICH, P				3.	2 NAME							ľ
STREET ADDRESS		RAIL SOUTH			3.	3 STREET	ADDRESS						
CITY-ST-ZIP	BOCA RATO	N PL 33498				4 CDY-S	31 - ZIP						
TITLE				☐ DELETE		1 TITLE					☐ Change	■ Addition	
NAME						2 NAME	- 1						
STREET ADDRESS					4	3 STREET	ADDRESS						
City-St-ZIP		· · · · · · · · · · · · · · · · · · ·			_	4 CITY - S	I - ZIP						Ţ
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NAME					5	2 NAME							
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TITLE				☐ DELETE		1 TITLE					☐ Change	Addition	
NAME					6	2 NAME							
STREET ADDRESS					6.3	3 STREET	ADDRESS						
CITY-ST-ZIP					6.	4 CH1Y - S	T - ZIP						

Too hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Stalutes. 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 logal 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 Stalutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address.