

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northerm
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 18 1998 8:00am
Secretary of State

DOCUMENT # P96000008301

1. Corporation Name
ADVANCED WINDOW SYSTEMS INC

Principal Place of Business Mailing Address
8930 STATE ROAD 84 8930 STATE RD 84
SUITE 111 SUITE 111
DAVIE, FL 33324 DAVIE, FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
1/26/96

2. Principal Place of Business 2a. Mailing Address
21 4193 S PINE ISLAND RD 2b 4193 S PINE ISLAND RD
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 DAVIE, FL 28 DAVIE, FL
24 Zip 25 Country 29 Zip 30 Country
33328 33328

4. FEI Number 65-0646605 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation owns or has paid the current year intangible Personal Property Tax due June 30 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE CO.
1201 HAYS ST
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent

81 Name BERNARD WILLARD
82 Street Address (P.O. Box Number is Not Acceptable) 4193 S PINE ISLAND RD
83
84 City DAVIE FL 85 Zip Code 33328

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 familiar with, and accepting the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when terminating.) DATE: 4/27/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RD	1.1 TITLE	☐ Change ☐ Addition
NAME	BERNARD WILLARD	1.2 NAME	
STREET ADDRESS	4193 S PINE ISLAND RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33328	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I, the undersigned, 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 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 for an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

01624