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 # **P96000017182 (2)**

1. Corporation Name INTERNATIONAL WINDOW & DOOR COMPANY, INC. Principal Place of Business 28100 US 19 NORTH STE 502 CLEARWATER FL 34621 CLEARWATER FL 34621-268						
-					3. Date Incorporated or Qualified 3a. Di 02/22/1996	ate of Last Report
⊢ `	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt	# ntc	Suite Ant # etc	Suite, Apt. #, etc.		59-3377482	Not Applicable \$8.75 Additional
22		27		5, Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	4000	28			Trust Fund Contribution	Added to Fees
Zip	Country	}, ' , '			8. This corporation has liability for intangible	_
24	25 9 Name and Address of Curre	29 29 Agent	30		Florida Statutes	No Acent
CAR		it Logisteren Wanit	81	Name	10. Home and vortess of the treatment	-Adit
CARRION, RAMON 28100 US 19 NORTH STE 502			62			· · · · · · · · · · · · · · · · · · ·
	CLEARWATER FL 34821			Street Add	fress (P.O. Box Number is Not Acceptable)	
ODENITATE OF STATE			83	· · · · · · · · · · · · · · · · · · ·	······································	
			84	City	<u>,</u>	ar l Zin Codo
				City	FL	85 Zíp Code
1	to the provisions of Sections 607,050 egistered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Stat e of Florida. Such change wa lations of, Section 607.0505,	utes, the above- s authorized by Florida Statutes.	-named cor the corpora	poration submits this statement for the purpose o ation's board of directors. I hereby accept the app	f changing its registered pointment as registered
SIGNATURE	Signature, typied or printed name of registered ag	ent and title if applicable. (N	OTE: Registered Agen	l signature requ	lired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS 13		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	President	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	0404 1.0000		1.2 NAME	1		
STREET ADDRESS	, 05:1: 15:1: 11:0::::::: 20::::::		1.3 STREET A			
CITY - ST - ZIF	St. Petersburg,	FL 33711	1.4 City-St	- ZIP		I I Oberes I I I I I I I I I I I I I I I I I I I
THLE			2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET A			
CHY-S1-ZIF TOLE		DELETE	2. 4 CITY - ST 3.1 TITLE	- ZIF		Change Addition
NAME			3.2 NAME			
STREET ADDRESS				ADDRESS	·	
CITY-ST-7IP		· ·		I-ZIP		
TOTLE		DELETE 4.1				Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET A	LODRESS		
CITY-ST-ZIP			4.4 CITY-ST	- ZIP		
THE			5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREET A	address		
CITY-ST-ZIP			5.4 CITY-ST	-ZIP		
TITLE			6.1 TITLE			Change Addition

6.4 CITY-ST-ZIP 14. I do 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 supplymental 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 necorporation 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 I change it or dy un attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

0-1Y-S1-7IP

FILED

Apr 15 1997 8:00am

Secretary of State