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

PROFIT CORPORATION ANNUAL REPORT 1997

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000017891 (8)

CLEARVIEW GLASS & WINDOW, INC.

FILED
Jun 16 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address									
12201 NW 85TH STREET			13	12201 NW 35TH STREET SUITE 522					
SUITE 522 CORAL SPRINGS FL 83085				CORAL SPRINGS FL 33065-2576					
				COURT OF HISTORY & COURTS				3. Date Incorporated or Qualified 3a. Date of Last Report 02/26/1996	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For	
21				26				65-0689451 Applied For Not Applied For	
I Sulte. Apt. #. etc.				Suite, Apt. #, etc.				SR 75 Additional	
22				27				5. Certificate of Status Desired Fee Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	
23				28				Trust Fund Contribution	
į ZIP		Country		Zip	Cou	untry	,	8. This corporation has liability for intangible tax under s. 199.032,	
24	1	25	29]	30			Florida Statutes Yes X No	
	9, Name	and Address of Cu	rrent Regi					10. Name and Address of New Registered Agent	
MAG	RACCINO, I	IGNATIUS				81	Name		
" 12201 NW 35TH STREET						-	01	Idress (P.O. Box Number is Not Acceptable)	
8UTE 522						82	Street Ao	loress (P.O. Box Number is Not Acceptable)	
CORAL SPRINGS FL 33065						83			
CONT SKINGS LE 99009									
						84	City	FL 85 Zip Code	
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									
Signature, typed or printed name of registered agent and title if applicable (NO1E: Regi						o Age	ent signature rec	quired whon reinstating) DATE	
.12,	,	OFFICERS	AND DIRE	DIRECTORS 13				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	NIA 101147810		☐ DELETE	1.1 T			Change Addition	
NAME MARRACCINO, IGNATIUS					1.2 N	IAME			
STREET ADDRESS 3015 NW 91ST AVENUE, APT 20 CORAL SPRINGS FL 33065				1.3		TREET	ADDRESS		
CITY-ST-ZIP		·			ITY-S	T- Z iP			
TITLE	D			DELETE 2:		ITLE	}	Change Addition	
NAME GRECO, FRANK				2		IAME			
STREET ADDRESS 6800 CIA REGINA					2.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP BOCA RATON FL 33433				2. 4 CI			ST - ZIP		
TITLE				☐ DELETE	311	ITLE		Change Addition	
NAME					3.2 N	IAME			
STREET ADDRESS					3.3 S	TREET	ADDRESS		

6.4 CITY - ST - 7IP 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 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.

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST- ZIP

4.1 TITLE

4.2 NAME 4,3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

Change

Change

Change

☐ Addition

☐ Addition

Addilion