Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90037 030 \*\*\*150.00

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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600066003

1. Corporation WINDOW	FILM DISTRIBUTION, INC.	30000	•				
Principal Place	of Business	Mailing Address				i daliis dalisa artia artis a	
5100 ULMERTON	N ROAD	5100 ULMERTON ROAL	D				
UNIT #22 UNIT #22			<del>*</del>		DO MOT WRITE IN THE CRACE		
CLEARWATER FL 34620 CLEARWATER FL 34620		90		DO NOT WRITE IN THIS SPACE		<del></del>	
			_		3. Date Incorporated or Qualifed 08/06/1996		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u></u>	Applied For
21		26			<u>59-33985</u> 39		Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
22		27					Required
City & State	g	City & State	<del></del>		6. Election Campaign Financing		00 Mäy Be
23		28			Trust Fund Contribution		led to Fees
Zip <b>24</b>	Country 25	Zip 29	Country 30		This corporation owes the curre     Personal Property Tax.	☐ Yes	ĵ <b>X</b> No
==1	9. Name and Address of Current				10. Name and Address of New Ro	egistered Agent	
			81 N	Name (A	NDERSONJUE	T. BOMS	ţ
THOMPSON, WENDE J		135t	name 82 S	Street Addre	ss (P.O. Box Number is Not Acceptal ULMERTON R(	ble D	
5100 ULMERTON ROAD 1 ast no UNIT #22 (marriag		age) 83	5100	ULMERION RI	טיוכ		
	NRWATER FL 34620	(Waiii	9467 [8]	UN	) IT # 22		
	•		84 0	CLE	ARWATER	- FL   13	Zip Code 34620
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept has obligation	and 607.1508, Florida S	tatutes, the above-na	amed corpo	ration submits this statement for the p	purpose of changing	g its registered
office or re	egistered agent, or both, in the State of	Florida, Such change w	as authorized by the	s corporation	n's board of directors. I hereby accept	t the appointment a	s registered
agent, rai	III sassiila wiki dilakacekhi kilk oniidam						
	- <b>.</b>	1)000	, , , , , , , , , , , , , , , , , , , ,		-	3/10/99	}
SIGNATURE	Signature, typod or princip and project and princip and principal and pr	UU as	(NOTE: Registered Agent sig			3 10 199 DATE	
SIGNATURE	- 1 (X(X)) (1)	D DIRECTORS	(NOTE: Registered Agent sig			DATE ICERS AND DIRE	CTORS IN 12
SIGNATURE	Signature, typed or produce barries are of considered and	and applicable.	(NOTE: Registered Agent sig		when reinstating)	DATE 147	CTORS IN 12
SIGNATURE	Signature, typed of previous process of Signature, typed of Signat	D DIRECTORS	(NOTE: Registered Agent sig		when reinstating)	DATE ICERS AND DIRE	CTORS IN 12
SIGNATURE  12.  TITLE	Signature, typed previous of signature of the signature o	D DIRECTORS	NOTE: Registered Agent sig 13. E 1.1 TITLE	gnature required	when reinstating)	DATE ICERS AND DIRE	CTORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed of previous process of Signature, typed of Signat	D DIRECTORS	13. E 1.1 TITLE 1.2 NAME	pnature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE CICERS AND DIRECTED Char	CTORS IN 12 nge
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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 sound 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 of trustee sempowered 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TY