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 # P96000068263 (8)

WINDOW TECH, INC.

FILED
May 06 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 881-EAST MELROSE CIRCLE FT. LAUDERDALE FL 80012-1951 75-06 N.W. IST PLATE 75-0007 N.W. IST PLACE									
	N.W. IST PLATE TATION PL. 333	75 17 Pcn	OG N·V N <i>THTU</i> IV	R.	33317	3. Date incorporated or Qualified 08/16/1996	3a. Da	te of Last R	eport
2. Principal Pl	Principal Place of Business 2a. Mailing Address 26					4. FEI Number 68-0691271	- 		oplied For of Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & State						Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
7 ₍ p	Country Zip Country 25 29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	igent	
PINI	NOCK, DONALD			81	Name				
-861- EAST MELROSE CIRC LE FT . LAUDERDALE FL 33312				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
77	06 N.W. 157	Penes		83			- 		
	MYATION Fr.			84	City		FI	85 Zip	Code
11. Pursuant i office or n agent I a SIGNATURE	m familiar with, and accept the oblig	gations of, Section 60	7.0505, Florida S	tatutes	S.	oration submits this statement for the pon's board of directors. I hereby accept		changing it pintment as	ls registered registered
40	5 granute typed to printed name of registered ag				int signature requires	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE COC AND	DIRECTOR	20 IAI 20
12.	OFFICERS AF	ND DIRECTORS	DELETE 1,1	TITLE		ADDITIONS/CHANGES TO OFFIC	ENO AND	Change	Addition
NAME	PINNOCK, DONALD 75	66 NW 16.	FRACE 12	NAME				L_ Orango	
STREET ADDRESS	-661 EAST MELROSE CIRCLE	PUNITATI	7V 12		ADDRESS				
CITY-SI-ZIP	FT. LAUDERDALE FL 33312	12.3331	7-	CITY-S	1				
TITLE				TITLE	1-24			Change	Addition
NAME				NAME				-	_
STREET ADDRESS			4		ADDRESS				
CHY-ST 7IP			2.	4 CITY - S	ST-ZIP				
TITLE			25.675	TITLE				Change	Addition
NAME			3.2	NAME					
STREET ADDRESS	•		3.3	STREET	ADDRESS				
DITY-\$1-7IP				. CITY- S	ST-ZIP			T-101	p
TifLE				TITLE				Change	Addition
NAME			4.:	2 NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
C(TY+ST-Z)F				CITY-S	ST-ZIP			- 1 &	- T & 1 & 2
THILE			1	TITLE				Change	Addition
NAME				NAME	1	•			
	}				ADDRESS				
STREET ADORESS	,			COTY C	ST-ZIP				
CiTY-ST-ZIP								Chance	Addition
OTY-ST-ZP TITLE	,		DELETE 6.1	TITLE	77.20			Change	Addition
OTY-ST-ZIP TITLE NAME	,		DELETE 6.1	TITLE NAME				Change	Addition
COTA- 21- SIS			DELETE 6.1 6.2 6.3	TITLE NAME	ADDRESS			Change	Addition

14. If do hereby certify that the Normation 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 are usal epoch or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the 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 13V chapter 607, or on an attachment with an address.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

e Daytime Phone # 0271469