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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600069563 (0)

DESIGNER WINDOW PRODUCTS, INC.

Principal Place of Business Mailing Address 5609 70TH AVENUE NORTH 5609 70TH AVENUE NORTH PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/21/1996 2. Principal Place of Business 2a. Mailing Address 4 FEI Number Applied For 59-3398809 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LAZARIS, FAY 12452 81ST PLACE 82 Street Address (P.O. Box Number is Not Acceptable) **SEMINOLE FL 33772** 83 84 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 DATE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DOLLETE TITLE LAZARIS, FAY 1.2 NAME NAME **12452 81ST PLACE** STREET ADDRESS 1.3 STREET ADDRESS SEMINOLE FL 34642 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition 2.1 10116 TITLE LAZARIS, GEORGE P. NAME 2.2 NAME **12452 81ST PLACE** STREET ADDRESS 2.3 STREET ADDRESS SEMINOLE FL 34642 CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DITTE Change Addition 3.1111116 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET AODRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-S1-ZIP DELETE Addition ☐ Change TITLE 6.1 TITLE NAME 6.2 NAME 63 STREET AUDRESS STREET ADDRESS 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 annual report is true and accurate and that my signature shall have the same legal effect as it 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 chapped, or on an attribution with an address.