

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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000011962 (2)

1. Corporation Name

GULF COAST WINDOWS & SPECIALTIES, INC.

Principal Place of Business

1110 PINE ISLAND ROAD
#31
CAPE CORAL FL 33909

Mailing Address

1110 PINE ISLAND ROAD
#31
CAPE CORAL FL 33909



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/03/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0733396	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		25		29	
25		29		30	
29		30		8.75 Additional Fee Required	
30		31		5.00 May Be Added to Fees	
31		32		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
32		33		Yes No	

9. Name and Address of Current Registered Agent

ENGEL, NORMA Z
1110 PINE ISLAND ROAD
#31
CAPE CORAL FL 33909

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P
NAME	ENGEL, NORMA Z	1.2 NAME	
STREET ADDRESS	1110 PINE ISLAND RD, #31	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33909	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	V
NAME		2.2 NAME	Engel, John A.
STREET ADDRESS		2.3 STREET ADDRESS	1110 Pine Island Rd #31
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Cape Coral FL 33909
TITLE		3.1 TITLE	D/S
NAME		3.2 NAME	Raymond, Mary F
STREET ADDRESS		3.3 STREET ADDRESS	1110 Pine Island Rd #31
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Cape Coral FL 33909
TITLE		4.1 TITLE	D/T
NAME		4.2 NAME	Harmon, Annette M.
STREET ADDRESS		4.3 STREET ADDRESS	1110 Pine Island Rd #31
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Cape Coral FL 33909
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE:

Mary F. Raymond

4-1-98

941-573-1163

CR2E034 (10/97)