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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000026230 (7)

WINDOWS TO THE WORLD, INC.

## FILED May 12 1998 8:00am Secretary of State

				: 18 <b>11/84</b> /1918 <b>18</b> 18/1 <b>85</b> /1 <b>85</b> /18		
Principal Plac	e of Business	Mailing Address		I HANKINGE IND HOLKE KANDIN ANDER METAL	ADNIT ÉDITE NETS ENLO INÈSE UNIT SOUT INDI	
POST OFFICE BOX 8353 JUPITER FL 33468		POST OFFICE BOX 8353 JUPITER FL 33468			DO NOT WRITE IN THIS SPACE	
1				3. Date Incorporated or Qualifie	d	
			···	03/24/1997		
2. Principal P	lace of Business	2a. Mailing Address 26 1000 NE	212 74	1 66-072725	Applied For Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	е	City & State	3ch, A	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Z <sub>i</sub> p 24	Country 25	29 33179 30	Country	This corporation owes or has Personal Property Tax due Ju		
9, Name and Address of Current Registered Agent			10. Name and Address of New	10. Name and Address of New Registered Agent		
NICHOLS, CATHRYN T 13888 COCONUT AVE.			81 Name 82 Street	Cathyn Tuvle Address (P.O. Box Number is Not Accept	y Nichols	
JUNO BEACH FL 33408			1000 NE 212 Terrace			
			63			
				V. Miami, Boh	FL 65 3579	
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 seeppt the obligations of, Section 607,0505, Florida Statutes.						
SIGNATURE Signature, System or printed name of requisitors depend and title of any speciation (NOTE: Registered Agent eignature required when reinstating)  OATE					4113198 DATE	
12.	OFFICE HS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	NICHOLS, CATHRYN T		1.2 NAME	1 3 3 T		
STREET ADDRESS	POST OFFICE BOX 8353		1.3 STREET ADDRESS	1000 NE 212 T		
CITY-ST-ZIP	JUPITER EL 33468		1.4 CITY-ST-7IP	NIMIAMI ACK FI	L 33179	

DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELFTE Change ☐ Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP ☐ DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 supplimental 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 an attachment with an address.

SIGNATURE:

failing 1 nedols

4-12-98