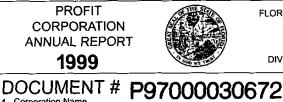
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90172 038 ***150.00

| SA WINDOWS CORPORATION | |
|------------------------|--|
| | |
| | |

| 330 FERNWOOD ROAD KEY BISCAYNE FL 33149 | 330 FERNWOOD ROAD KEY BISCAYNE FL 33149 | | DO NOT WRITE IN THIS SPACE | | |
|--|--|---|--|--------------------------------|--|
| | | | Date Incorporated or Qualified 04/04/1997 | | |
| 2. Principal Place of Business | 2a. Mailing Address 26 | | 4. FEI Number APPLIED FOR 65-074/ | Applied For Not Applicable | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip Country 4 25 | Zip 29 | Country 30 | This corporation owes the current year I Personal Property Tax. | ¥Yes □ No | |
| 9. Name and Address of Cu | rrent Registered Agent | | 10. Name and Address of New Registere | d Agent | |
| AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | 81 Name 82 Street Add | Iress (P.O. Box Number is Not Acceptable) | | |
| CONTRACTOR TO SOLO | | 84 City | F | 85 Zip Code | |
| agent. I am familiar with, and accept the ob- | agent and title if applicable. (NOTE: | Registered Agent signature require | | | |
| 12. OFFICERS | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | | |
| NAME PSTD ROVITO, JULIAN STREET ADDRESS 330 FERNWOOD ROAD | □ DELETE | 1.3 TITLE 1.2 NAME 1.3 STREET ADDRESS | | ☐ Change ☐ Addition | |
| MTV-ST-ZIP KEY BISCAYNE FL 33149 | ☐ DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME | | Change Addition | |
| VAME STREET ADDRESS CITY-ST-ZIP | | 2.3 STREET ADDRESS 2.4 City-St-Zip | | | |
| ITILE NAME | ☐ DELETÉ | 3.1 TITLE 3.2 NAME | | Change Addition | |
| STREET ADDRESS CITY-ST-ZIP | Print | 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP | | ☐ Change ☐ Additio | |
| VAME | ☐ DELETE | 4.2 NAME 4.3 STREET ADDRESS | | C] Ontaings C Auto- | |
| STREET ADDRESS | | 4.4 CITY-ST-ZIP | | | |
| ITLE VAME | ☐ DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | | ☐ Change ☐ Additi | |
| STREET ADDRESS CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | |
| TITLE NAME | DELETE | 6.1 TITLE 6.2 NAME | | Change Addition | |
| STREET ADDRESS | | 6.3 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 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, with all other like empowered.

SIGNATURE: _

ED NAME OF SIGNING OFFICER OR DIRECTOR

0 y 25/99 (305) 2615013
Daylime Phone #

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