

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 # **P97000053768 (2)**

1. Corporation Name

**ALPHA MARINE WINDOWS OF NORTH AMERICA, INC.**

Principal Place of Business

**437 E MONROE ST. SUITE 202  
JACKSONVILLE FL 32202**

Mailing Address

**437 E MONROE ST. SUITE 202  
JACKSONVILLE FL 32202**

FILED  
Apr 23 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/18/1997**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

**200 E. Robinson Street**

Suite, Apt. #, etc.

27

**Suite 500**

City & State

28

**Orlando, Florida**

Zip

29

**32801**

Country

30

**USA**

4. FEI Number

**59.3504843**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BROOKS, MICHAEL L  
437 E MONROE ST, SUITE 202  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name

**Florida Corporate Support, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)

**200 E. Robinson Street, Suite 500**

83

84 City

**Orlando**

FL

85

Zip Code

**32801**

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

*Florida Corporate Support, Inc.*  
*By: [Signature]*

*Asst Secy*

*4/16/98*

Signature typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

**D  
BROOKS, MICHAEL L  
437 E MONROE ST, SUITE 202  
JACKSONVILLE FL 32202**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

**P/D  
Parkes, John David  
200 E. Robinson Street, Suite 500  
Orlando, FL 32801**

2.1 TITLE ☐ Change ☒ Addition

**S/D  
Parkes, Leonie Rae  
200 E. Robinson Street, Suite 500  
Orlando, FL 32801**

3.1 TITLE ☐ Change ☒ Addition

**T  
Hendry, Robert R.  
200 E. Robinson Street, Suite 500  
Orlando, FL 32801**

4.1 TITLE ☐ Change ☒ Addition

**D  
Parkes, Shirley May  
200 E. Robinson Street, Suite 500  
Orlando, FL 32801**

5.1 TITLE ☐ Change ☒ Addition

**D  
Parkes, Geoffrey Allan  
200 E. Robinson Street, Suite 500  
Orlando, FL 32801**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

*[Signature]*

CR2E034 (10/97)