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Secretary of State

03-25-1999 90022 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000053768

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
**200 E ROBINSON ST
500
ORLANDO FL 32801
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1997

4. FEI Number

59-3504843

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5:00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

27

Zip

28

Country

29

Country

30

9. Name and Address of Current Registered Agent

**FLORIDA CORPORATE SUPPORT INC
200 E ROBINSON ST
STE 500
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

TITLE ☐ DELETE
NAME **PD PARKES, JOHN DAVID**
STREET ADDRESS **200 E ROBINSON STR STE 500**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ DELETE
NAME **SD PARKES, LEONIE RAE**
STREET ADDRESS **200 E ROBINSON ST STE 500**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ DELETE
NAME **T HENDRY, ROBERT R**
STREET ADDRESS **200 E ROBINSON ST STE 500**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☒ DELETE
NAME **D PARKES, ROBERT R**
STREET ADDRESS **200 E ROBINSON ST STE 500**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ DELETE
NAME **D PARKES, GEOFFREY ALLAN**
STREET ADDRESS **200 E ROBINSON ST STE 500**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **DIRECTOR**
4.3 STREET ADDRESS **PARKES, SHIRLEY MAY**
4.4 CITY-ST-ZIP **200 E. ROBINSON Street, STE 500
ORLANDO, FL 32801**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

Date

Daytime Phone #

CR2E034 (11/98)