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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P 97000058875 (0)

1. Corporation Name

ALLSTATE WINDOWS, DOORS & SHUTTERS, INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90069 002 ***158.75

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Principal Plac									
Principal Place of Business Mailing Address 7173 NW 52nd Street 7173 NW 52nd S									
		Miami, FL 33166				·			
Miami, FL 33166 Miami, FL 331			,0			DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed			
						07/07/97			
<u> </u>	lace of Business	2a. Mailing Address				4. FE! Number 65-0776522		_ '	plied For
<u>- ` </u>	NW 52nd Street	J = -1				65-0776522			ot Applicable
Suite, Apt.	#, etc.	⊢ ''	Suite, Apt. #, etc.			5. Certificate of Status Desired	K	\$8.75 / Fee Re	
22 27									<u></u>
⊢ <i>'</i>		→ '				6. Election Campaign Financing		\$5.00	
	Florida · Country	28 Miami, Florida Zip Country				Trust Fund Contribution		Added t	.o rees
Zip 24 33166	25 USA	29 33166 30 USA				8. This corporation owes the current year Intangible Personal Property Tax.			
24 33100	Registered Agent	30 . 022			10. Name and Address of New F	Registered			
	3. Haire and Address of Garrent	Rogistered Agent	8	l Nan		TO. Halle Bild Harrison of Hour.	109.010.04		
LIPTO	N, MARTIN		L	<u> </u>					
7173 1	NW 52nd Street,		82 Str			ddress (P.O. Box Number is Not Acceptable)			
Miami	, FL 33166	1	83						
				1					
1			8	City			FL	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508 Florida Statutes.	the abov	 /e-nam	ed corpor	ration submits this statement for the			registered
office or r	egistered agent, or both, in the State of	Florida. Such change was autho	orized by	/ the co	rporation	's board of directors. I hereby accer	ot the appo	intment as reg	gistered
, agent, i a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statute	_		Tintou	02/20	0/00	į
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Reg	istered Age			Lipton /	03/29	21 22	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AI	ND DIRECTO	RS IN 12
TITLE	P/D	☐ DELETE	1.1 TITLE					Change	Addition
NAME	LIPTON, MARTIN		1.2 NAME						
STREET ADDRESS	9401 SW 93rd Court		1.3 STREET ADDRESS		ss				(
CITY-ST-ZIP	Miami, FL 33176		1.4 CITY-	ST-ZIP					
TITLE	S/T/D	☐ DELETE	2.1 TITLE				-	Change	☐ Addition
NAME	DAVITZ, JOSEPH		2.2 NAME						
STREET ADDRESS	9401 SW 93rd Court		2.3 STREI	T ADDRE	ss				l
CITY-ST-ZIP	Miami, FL 33176.		2. 4 CITY-	ST-ZIP					
TITLE	PELCHILLY FL 33170.	☐ DELETE	3.1 TITLE		T.			- Change_	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS		ss				
CITY-ST-ZIP	TY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE			4.1 TITLE					Change	Addition
NAME	AE .		4. 2 NAME						
STREET ADDRESS		1	4.3 STREE	TADDRE	3S (}
Y-ST-ZIP			4.4 CITY-	ST-ZIP					J
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
N <mark>4</mark> ME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRE	.s				
CITY-ST-ZIP		·	5.4 CITY-	ST-ZIP	L				
TITLE		☐ DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	TADDRE	S				
OUT / OT 710			64 CITY	T_ 7ID	ì				i

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 an other like empowered.

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin Lipton, President

03/29/99

Daytime Phone #

CR2E034 (11/98)