## 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 #** P97000075271 (1)

ULTRA WINDOW TINTING AND ACCESSORIES, INC.

## **FILED** Mar 10 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2285 NW 74 AVE 2285 NW 74 AVE FT LAUDERDALE FL 33313 FT LAUDERDALE FL 33313 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/29/1997 Applied For Not Applicable 2. Principal Place of Business 1503 N. Federal Highway -0782 SOD N. FEDERAL HIGH Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible BROWARD BROWARD ☐ Yes Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent MOHAMMED, SHAMEER 81 Name 2285 NW 74 AVE 82 FT LAUDERDALE FL 33313 83 84 HOLLYWOOD 11. Pursuant to the provisions of Spelions 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 of soin, 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, furth accept the obligations of, Section 607.0505, Florida Statutes. 8may40 Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS ESTITLE PIST DELFTE Addition TITLE MOHAMMED, SHAMEER 1.2 NAME NAME 2285 NW 74 AVE 1503 N. FEDERAL HIGHWAY STREET ADORESS 1.3 STREET ADORESS FT LAUDERDALE FL 33313 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE 21 TITLE Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY - \$T - ZIP DELETE 4.1 TITLE Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE \_\_\_ Addition 5.1 TITLE Change 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP CITY-ST-ZIP

In this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information Augustal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an injury or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Orment with an address 14. I hereby certify that the information supplied with indicated on this annual report or supplemental officer or director of the corporation or the Block 12 or Block 13 if changed, or on ag

SIGNATURE:

MONAD

x 08/04/98