

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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000084065 (6)
 1. Corporation Name
FLORIDA WOOD WINDOW & DOOR, INC.



Principal Place of Business 17281 ALICO CENTER RD. FORT MYERS FL	Mailing Address 17281 ALICO CENTER RD. FORT MYERS FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 17311-E Alico Center Rd Suite, Apt. #, etc.	2a. Mailing Address 26 17311-E Alico Center Rd Suite, Apt. #, etc.	3. Date Incorporated or Qualified 09/26/1997	4. FEI Number 65-0779053
22 City & State Fort Myers FL	27 City & State Fort Myers FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23 Zip 33912 Country US	28 Zip 33912 Country USA	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHANNON, DANIEL P 17281 ALICO CENTER RD. FORT MYERS FL	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
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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]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	ARABIE, CHARLES R
STREET ADDRESS	9874 SPRINGRIDGE CIRCLE
CITY-ST-ZIP	ESTERO FL 33928
TITLE	DV <input type="checkbox"/> DELETE
NAME	SHANNON, DANIEL P
STREET ADDRESS	6889 KIMBERLY TERRACE
CITY-ST-ZIP	FORT MYERS FL 33919
TITLE	DS <input type="checkbox"/> DELETE
NAME	ESCKILSEN, GARY L
STREET ADDRESS	20589 ARMADA COURT
CITY-ST-ZIP	ESTERO FL 33908
TITLE	DT <input type="checkbox"/> DELETE
NAME	IVY, JAMES T
STREET ADDRESS	7123 EMILY DR.
CITY-ST-ZIP	FORT MYERS FL 33908
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)