SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Aug 09, 1999 8:00 am Secretary of State 08-09-1999 90004 027 \*\*\*550.00

DOCUMENT	#	DOROGO	122226
4 Communities Name	٠,		JEZZEU

R AND R WINDOWS AND GLASS, INC.

	,				
Principal Place	e of Business	Mailing Add	ress		
8590 N.W. 38 D		8590 N.W. 38		•	
CORAL SPRING	S FL 33065	CORAL SPRIN	IGS FL 33065		DO MOT WEITT IN THIS OR LOT
	•				DO NOT WRITE IN THIS SPACE
					3. Date incorporated or Qualified 03/09/1998
2. Principal P	lace of Business	2a. Mailing A			4. FEI Number Applied For
21		26 8590	<u>) N-u</u>	) . 38 Dr .	65 - 0819098 Not Applicable
Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27 _			Fee Required
City & Stat	e	City & St		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing \$5.00 May Be
23		28 CORC	es opr	way FL	Trust Fund Contribution
Zip	Country	Zip 33	3/2//	Country	8. This corporation owes the current year Intangible Personal Property. Yes No
24	9. Name and Address of Curren			10 BROWN	Intangible Personal Property. Yes No  10. Name and Address of New Registered Agent
	5. Name and Address of Curren	r Kegisteren Age	3114	81 Name	$\sim$ $\sim$
LAZE	AR, ROBYN L				Day, Kiclard E.
8590	N.W. 38 DR				Address (P.O. Box Number is Not Acceptable)
COR	AL SPRINGS FL 33065			83	590 NW 38 Dr.
				84 City	Oncy Lpgs FL 85 Zip Code 33065
11 Pursuant	to the provisions of sections 607 0500	2 and 607 1508 E	lorida Statutes	the above named or	one of the principle of
office of	registered agent, or both in the state	of Florida Such	change was aut	thorized by the corpo	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
J.	an familiar with, and arcept the obliga	nions of section (	607.0505, Florid	da Statutes.	2/5/ce
SIGNATURE	Signature, typed or printed name of registered agen	tend title if englicable	/ /NOTE	- Registered Agent signatur	e required when reinstating) DATE
12. V	OFFICERS AN			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRESIDENT	Г	DELETE	1.1 TITLE	PRESIDENT Change Addition
NAME	Lazeur, Robyn L 8590 NW 38 Dr	_		1.2 NAME	Dictoral Pilay
STREET ADDRESS	8590 NW 38 Dr.			1.3 STREET ADDRESS	6591 NW 38 DR
CITY-ST-ZIP	CORAL SPRINGS, FL	330%5		1.4 CITY-ST-ZIP	Coral Spas Fr 33065
TITLE	con part property		DELETE	2.1 TITLE	1/ PRESIDENT 1 CREFORE 4 Change Addition !
NAME .		_		2.2 NAME	Janice E. Day 8590 NW 38 DR
STREET ADDRESS				2.3 STREET ADDRESS	8590 NW 38 DR
CITY-ST-ZIP				2.4 CITY-ST-ZIP	COROL Spgs, FL 33065
TITLE			DELETE	3.1 TITLE	Change Addition
NAME		_	_	3.2 NAME	_ · <i>_</i>
STREET ADDRESS				3.3 STREET ADDRESS	
CITY-ST-ZIP	•			3.4 CITY-ST-ZIP	
TITLE		Γ	DELETE	4.1 TITLE	Change Addition
NAME		_		4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE			DELETE	5.1 TITLE	Change Addition
NAME		-		5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	`
TITLE		Γ	DELETE	6.1 TITLE	Change Addition
NAME		_	<u> </u>	62 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	÷
CITY-ST-7IP				64 CITY-ST-7/P	

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 of 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 acceiver or truttee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears an officer or director of the c in Block 12 or Block 13 if ch

**SIGNATURE** 

CR2E034 (5/99)