PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000082620

ALL WINDOW TINTING, INC.

Principal	Place	of	Business

May 06, 1999 8:00 am Secretary of State

05-06-1999 90095 015 ***150.00

Mailing Address 9808 S DIXIE HWY 9808 S DIXIE HWY MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/23/1998 Applied For 2a. Mailing Address 4, FEI Number 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired "Fee Required 27 22 City & State 6.-Election Campaign Financing \$5.00 May Be -_City & State ___ Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Country 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SMYLER, HENRY I ESQ. Street Address (P.O. Box Number is Not Acceptable) 9130 S DADELAND BLVD TWO DATRAN CTR, STE 1107 83 MIAMI FL 33156 City 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 CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 11 TITLE TITLE 12 NAME NAME HURLEY, SANDRA 9808 \$ DIXIE HWY 1.1 STREET ADORESS STREET ADDRESS 1.4 CITY- ST-ZIP MIAMI FL 33156 CITY-ST-ZIP Change ☐ Addition DELETE 21 TITLE TILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 5.1 TITLE TITLE 5.2 NAME A A STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE B.1 TITLE Change ☐ Addition 6.2 NAME NAME **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

Applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information applemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; that I am an or pre receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in