


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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90026 012 ***150.00

0529022

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P98000098269

1. Corporation Name
WINDOW TO WALL STREET, INC.



Principal Place of Business 1800 NORTH MERIDIAN, STE.610 INDIANAPOLIS IN 46202	Mailing Address 1800 NORTH MERIDIAN, STE.610 INDIANAPOLIS IN 46202
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4230 Harrington Lane Suite, Apt. #, etc.		2a. Mailing Address 26 4230 Harrington Lane Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/23/1998	
22 City & State 23 Chicago, IL Zip Country 24 60646 25 COOK		27 City & State 28 Chicago, IL Zip Country 29 60646 30 COOK		4. FEI Number 36-4274518 Applied For Not Applicable	
				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	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GREENE, RICHARD P P.A.
2455 E. SUNRISE BLVD. STE.905
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, MEL	1.2 NAME	
STREET ADDRESS	1800 NORTH MERIDIAN, STE.610	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46202	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK, GORDON	2.2 NAME	
STREET ADDRESS	1800 NORTH MERIDIAN, STE.610	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46202	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANG, BILL	3.2 NAME	
STREET ADDRESS	1800 NORTH MERIDIAN, STE.610	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46202	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 of 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 773-777-3832
Date Daytime Phone #

CR2E034 (11/98)