

5-13-97 B-7093 -C

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S41075

(0)

1. Corporation Name

REGAL DESIGNER WINDOW CO., INC.

Principal Place of Business

WHITES COMMERCIAL PLAZA
9347 DENTON AVE
HUDSON FL 34667-4340

Mailing Address

WHITES COMMERCIAL PLAZA
9347 DENTON AVE
HUDSON FL 34667-4340

2. Principal Place of Business

21 9347-1 Denton Ave.

Suite, Apt. #, etc.

22

City & State

23 Hudson, FL

24 Zip 34667

Country

25 USA

2a. Mailing Address

26 Po Box 5189

Suite, Apt. #, etc.

27

City & State

28 Hudson, FL

Zip

29 34694-5189

Country

30 USA

9. Name and Address of Current Registered Agent

KOSHEFSKY, ROBERT
9347-1 DENTON AVE
WHITE COMMERCIAL PZ
HUDSON FL 34667

3. Date Incorporated or Qualified

03/27/1991

3a. Date of Last Report

04/18/1996

4. FEI Number

59-3058649

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes☐ No

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETENAME D KOSHEFSKY, ROBERT
STREET ADDRESS 9347 DENTON AVE
CITY-ST-ZIP HUDSON FL1.2 NAME ☒ DELETETITLE VP
NAME GEOFFREY MOSHER
STREET ADDRESS 9347 DENTON AVE
CITY-ST-ZIP HUDSON FL1.3 STREET ADDRESS ☒ DELETETITLE VP
NAME FRANK BIERWILER
STREET ADDRESS 9347 DENTON AVE
CITY-ST-ZIP HUDSON FL1.4 CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP1.5 CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP1.6 CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP1.7 CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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:

Robert Koshefsky

4/28/97

FILED
May 13 1997 8:00am
Secretary of State

CR2E034 (9/96)