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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(8)

D. SCOLARO ALUMINUM & WINDOWS, INC.

Principal Place	of Business	Mailing Address					
125 CORPORATION WAY UNIT B VENICE FL 34292		125 CORPORATION WAY UNIT B VENICE FL 34292			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/05/1991		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
न		26			65-0256331	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip	Country		This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCOLARO, DOMENIC 125 CORPORATION WAY UNIT B			81 82 83	Name Street Addre			
ACIAI	CE FL 34292		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

SIGNATURE .	Standare, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signatur	e regulted when reinstating) DATE	
12,	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE	PT □ DE	LETE 1,1 TITLE	☐ Change	Addition
NAME	SCOLARO, DOMENIC V.	1.2 NAME		
STREET ADDRESS	3687 PINE ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP		
TITLE	VS □ DE	LETE 2.1 TITLE	Change	Addition
NAME	SCOLARO, DENISE F.	2.2 NAME		
STREET ADDRESS	3687 PINE ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP		
TITLE	☐ DE	LETE 3.1 TITLE	☐ Change	Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	□ DE	LETE 4.1 TITLE	Change	Addition
NAME		4. 2 NAME	İ	
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	□ DE	LETE 5.1 TITLE	☐ Change	Addition
NAME		5.2 NAME	İ	
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DE	LETE 6.1 TITLE	☐ Change	Addition
NAME		6.2 NAME		
STREET ADORESS		6.3 STREET ADDRESS		
A(T) - DT - D(B		0.4.0/7// 07 7/0		

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.

FILED

Mar 27 1998 8:00am

Secretary of State