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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S47385 1. Corporation Name

WINDOW SALES PLUS, INC.

Principal Place	e of Business	Mailing Address				1 1818	41911 6161 61411 1891	
805 W. HILLSBOROUGH AVENUE TAMPA FL 33603-1307			805 W. HILLSBOROUGH AVENUE TAMPA FL 33603-1307					
	•••				DO NOT W	RITE IN THIS SPAC	E	_
					3. Date Incorporated or Qualife	ed		
		A Barillan Address			04/22/1991 4. FEI Number		Applied For	-
-	lace of Business	2a. Mailing Address			59-3063476	-	Not Applicable	<u>.</u> :
Suite, Apt.	# ata	Suite, Apt. #, etc.			39-3003470	\$8	.75 Additional	一:
22	#, etc.	27			5. Certifcate of Status Desired	1 1	ee Required	
City & State	ө	City & State			6. Election Campaign Financin	~	5:00-May-Be dded to Fees	- -
23	Country	28	Countr		Trust Fund Contribution			\dashv
Zip 24	25	_ 	30	y	This corporation owes the c Personal Property Tax.	urrent year intangibit		
= *1	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New	v Registered Agent		
			8	1 Name				
	inger, dean o n. Orleans ave.		8:	2 Street Add	dress (P.O. Box Number is Not Acce	ptable)	 .	\dashv
	PA FL 33603		8	3			PEN, PRIN	\dashv
			8	4 City	44	85	Zip Code	\dashv
			*	City		FL °°	Zip Code	- 1
office or n	to the provisions of Sections 607.09 egistered agent, or both, in the Stat	le of Florida. Such change was au	uthorized b	v the compora	tion's board of directors. I hereby ac	cept the appointment	as registered	-
office or re agent. I as	to the provisions of Sections 607.01 registered agent, or both, in the Stat m familiar with, and accept the obliging Signature, typed or printed name of registered a	le of Florida. Such change was au gations of, Section 607.0505, Flor	ithorized b ida Statute	y the corpora	tion's board of directors. I hereby acc	cept the appointment	as registered	
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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 chapted, or or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 13, 1999 8:00am

Secretary of State

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02-13-1999 90005 007 ***150.00