

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V00609 (0)

1. Corporation Name
ACTIVE DOOR & WINDOW CO., INC.



Principal Place of Business 222-A ANN STREET PUNTA GORDA FL 33950 US	Mailing Address 222-A ANN STREET PUNTA GORDA FL 33950
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 222 E. ANN ST. Suite, Apt. #, etc.	2a. Mailing Address 26 222 E. ANN ST. Suite, Apt. #, etc.
22 City & State PUNTA GORDA FL	27 City & State PUNTA GORDA FL
23 Zip 33950	25 Country CHARLOTTE
24 Zip 33950	29 Country CHARLOTTE

3. Date Incorporated or Qualified
12/11/1991

4. FEI Number
65-0311325

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**VOLK, ROBERT J.
 222-A ANN STREET
 PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

81 Name
EDWARD G. VOLK

82 Street Address (P.O. Box Number is Not Acceptable)
222 E. ANN ST.

83

84 City
PUNTA GORDA FL

85 Zip Code
33950

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]* DATE **4/8/98**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLK, EDWARD G	1.2 NAME	
STREET ADDRESS	7500 PARRALUM 1001 VIA FORMIA	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLK, WILLIAM T	2.2 NAME	
STREET ADDRESS	R.R. 2 HIGHVIEW DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WADING RIVER NY	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLK, ROBERT W	3.2 NAME	
STREET ADDRESS	72 WASHINGTON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	E SETAUKET NY	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 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.

EDWARD G. VOLK

SIGNATURE: *[Signature]* DATE **4/8/98**

CR2E034 (10/97)