CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 14 AM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V66119 (1)

1. Corporation Name
THE ARTISTIC WINDOW DESIGNS, INC.

Principal Place of Business	Mailing Address
2265 TAMIAMI TRIAL SUITE G PORT CHARLOTTE FL 33952 US	2265 TAMIAMI TRIAL SUITE G PORT CHARLOTTE FL 33952 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 09/21/1992
3a. Date of Last Report: 08/23/1994
4. FEI Number: 65-0352826 ☐ 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

9. Name and Address of Current Registered Agent

SAPANERO, SHERRY
934 DUPIN AVENUE
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name: Yvonne PaTTeRson
82 Street Address (P.O. Box Number is Not Acceptable): 3495 LEdgEwood ST.
83
84 City: PorT ChaRloTTe FL 85 Zip Code: 33948

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 Yvonne M. PatTeRson TReasuer + Sec. (Signature, typed or printed name of registered agent and title if applicable) [signature] Yvonne M. Patterson (NOTE: Registered Agent Signature required when reinstating) DATE 7/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	T + S ☑ Change ☑ Addition
NAME	SAPANERO, FELIX	1 2 NAME	PaTTeRson Yvonne M
STREET ADDRESS	934 DUPIN AVE	1 3 STREET ADDRESS	3495 LEdgEwood ST.
CITY-ST-ZIP	PORT CHARLOTTE FL	1 4 CITY-ST-ZIP	
TITLE	T	2 1 TITLE	☑ Change ☐ Addition
NAME	~~SAPANERO, SHERRY~~ No longer	2 2 NAME	Sapanero Sapanero
STREET ADDRESS	~~934 DUPIN AVE~~ in the business	2 3 STREET ADDRESS	No Longer in The Business
CITY-ST-ZIP	PORT CHARLOTTE FL	2 4 CITY-ST-ZIP	
TITLE	V	3 1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, SAMUEL H	3 2 NAME	
STREET ADDRESS	3495 LEDGEWOOD STR	3 3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	3 4 CITY-ST-ZIP	
TITLE	S	4 1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, YVONNE M	4 2 NAME	
STREET ADDRESS	3495 LEDGEWOOD STR	4 3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	4 4 CITY-ST-ZIP	
TITLE	PaTTeRson Yvonne M	5 1 TITLE	☐ Change ☐ Addition
NAME	Treasurer + Secretary	5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Yvonne M. PaTTeRson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0330233 CP