SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
97 JAN -6 AM 9:17
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

3. Date Incorporated or Qualified: 09/21/1992
3a. Date of Last Report: 07/14/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

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

PATTERSON, YVONNE
3495 LEDGEWOOD STREET
PT. CHARLOTTE FL 33948

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 Yvonne M. Patterson — Yvonne M. Patterson — 12/31/96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS	☑ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, YVONNE M.		1.2 NAME	
STREET ADDRESS	3495 LEDGEWOOD STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY-ST-ZIP	
TITLE	V	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, SAMUEL H		2.2 NAME	600002052976--8
STREET ADDRESS	3495 LEDGEWOOD STR		2.3 STREET ADDRESS	-01/03/97--01091--016
CITY-ST-ZIP	PT CHARLOTTE FL		2.4 CITY-ST-ZIP	****375.00 ****375.00
TITLE	S	☑ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, YVONNE M		3.2 NAME	
STREET ADDRESS	3495 LEDGEWOOD STR		3.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL		3.4 CITY-ST-ZIP	
TITLE	President + Treasurer	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Felix Sapanero		4.2 NAME	
STREET ADDRESS	25100 Sand Hill Blvd. T-203		4.3 STREET ADDRESS	REINSTATEMENT 96
CITY-ST-ZIP	Punta Gorda FL. 33983		4.4 CITY-ST-ZIP	
TITLE	Vice President + Sec.	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Yvonne Patterson		5.2 NAME	
STREET ADDRESS	3495 Ledgewood St.		5.3 STREET ADDRESS	
CITY-ST-ZIP	Pt. Charlotte FL.		5.4 CITY-ST-ZIP	1/6/97
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 9/Patterson 12/31/96