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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90154 034 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V66119**

1. Corporation Name

**THE ARTISTIC WINDOW DESIGNS, INC.**

Principal Place of Business

2265 TAMiami TRIAL  
SUITE G  
PORT CHARLOTTE FL 33952  
US

Mailing Address

2265 TAMiami TRIAL  
SUITE G  
PORT CHARLOTTE FL 33952  
US

2. Principal Place of Business

21 **3495 Ledgewood ST.**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **3495 Ledgewood ST.**  
Suite, Apt. #, etc.

City & State

23 **Port Charlotte FL.**  
Zip Country

City & State

28 **Port Charlotte FL.**  
Zip Country

24 **33948**

29 **33948**

9. Name and Address of Current Registered Agent

**PATTERSON, YVONNE**  
**3495 LEDGEWOOD STREET**  
**PT. CHARLOTTE FL 33948**

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  
Signature, typed or printed name of registered agent and title if applicable.

Yvonne M. Patterson  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**PT**  
**SAPANERO, FELIX**  
**25100 SAND HILL BLVD., #T-103**  
**PUNTA GORDA FL 33983**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
**President**  
**YVONNE M. PATTERSON**  
**3495 Ledgewood ST.**  
**Port Charlotte FL 33948**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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, with all other like empowered.

SIGNATURE:

Yvonne M. Patterson Yvonne M. Patterson 4/10/99 941-624-5610  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)