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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90147 029 ***150.00

DOCUMENT # V71071

GEM WIN	NDOW FASHIONS, INC.						
Principal Place	of Business	Mailing Address				HAN BURN HAN	
21985 U.S. HIGHWAY NORTH CLEARWATER FL 34624		21985 U.S. HIGHWAY NORTH CLEARWATER FL 34624			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 10/12/1992		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Ap	tied For	
21		26			59-3 1 48364 No	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Additional equired	
City & State		City & State			,	i∕lay Be to Fees	
Zip	Cour-try	Zip 29	Country 30		This corporation owes the current year Intangible Personal Property Tax.	JNo	
	9. Name and Address of Currer		11		10. Name and Address of New Registered Agent		
11. Pursuant office or reagent. I ar	5 U.S. HIGHWAY NORTH RWATER FL 34624 to the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was	ites, the at	84 City	FL 85 Zip orporation submits this statement for the purpose of changing its ation's board of directors. I hereby accept the appointment as re-	Code	
SIGNATUF:E Signature, typed or printed name of registered agent and title if applicable. (NOTE			E: Registered	Agent signature req	ired when reinstating) DATE		
12.	OFFICERS AN	II) DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
TITLE	P	☐ DELETE	1.1 TIT	LE	☐ Change	☐ Addition	
NAME	HOLMES, GREG		1.2 NA	ME			
STREET ADDRESS	1848 TINSMITH CIRCLE		1.3 STI	REET ADDRESS			
CITY-ST-ZIP	LUTZ FL 33549-3371		1.4 CIT	Y-ST-ZIP			
TITLE	2012 12 000 10 001 1	☐ DELETE	2.1 TIT		Change	Addition	
NAME			2.2 NA	ME			
STREET ADDRESS			2.3 ST	REET ADDRESS		· ·	
CITY-ST-ZIP				TY-ST-ZIP		1	
TITLE		☐ DELETE	3 1 TIT		Change	Addition	
NAME			3,2 NA	ME			
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		☐ DELETE	4 1 TIT		Change	Addition	
NAME			4 2 NA	1			
STREET ADDRESS				REET ADDRESS			

14. I heret y certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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 teport 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITI F

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FIG. & OR DIRECTOR

DELETE

DELETE

424-2 726-040-(727)
Date Dayling Phone #

☐ Change

☐ Change

Addition

☐ Addition

CR2F034 /11/0