

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

FILED
Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # G95575 (8)
 1. Corporate Name
FIBERGLASS WORKSHOP, INC.



Principal Place of Business Mailing Address
10615 NEW KINGS ROAD (32219)
P. O. BOX 68
JACKSONVILLE FL 32219
10615 NEW KINGS ROAD (32219)
P. O. BOX 68
JACKSONVILLE FL 32219-0068

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

3. Date Incorporated or Qualified **04/10/1984** 3a. Date of Last Report **03/19/1996**
 4. FEI Number **59-2396237** 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
BERG, REBECCA L.
2207 INDEPENDENT SQUARE
701 FISK STREET, SUITE 310
JACKSONVILLE FL 32204

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 607.0302 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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 hereby resigning and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 (Print Name, Title, and Address of Registered Agent on separate page and attach to back) (Print Registered Agent signature required when translation) (DATE)

12. OFFICERS AND DIRECTORS
 12.1 TITLE DELETE
 NAME **DP HAPPY, HENRY**
 STREET ADDRESS **8595 SANCHEZ ROAD**
 CITY, ST, ZIP **JACKSONVILLE FL**
 12.2 TITLE DELETE
 NAME **S HAPPY, LORRAINE**
 STREET ADDRESS **8595 SANCHEZ ROAD**
 CITY, ST, ZIP **JACKSONVILLE FL**
 12.3 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP
 12.4 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP
 12.5 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 13.1 TITLE Change Addition
 13.2 NAME
 13.3 STREET ADDRESS
 13.4 CITY - ST - ZIP
 13.5 TITLE Change Addition
 13.6 NAME
 13.7 STREET ADDRESS
 13.8 CITY - ST - ZIP
 13.9 TITLE Change Addition
 13.10 NAME
 13.11 STREET ADDRESS
 13.12 CITY - ST - ZIP
 13.13 TITLE Change Addition
 13.14 NAME
 13.15 STREET ADDRESS
 13.16 CITY - ST - ZIP

14. I, the filer, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j) 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: Henry Happy **HENRY HAPPY** 3-24-97 904-765-6502
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Phone #

CR2E034 (9/96)