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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H51086

SPECTRUM GLASS AND CHEMICAL CORPORATION

2: : (2)	(0)	Mollon Add								
Principal Place of Business			Mailing Address							
1460 W MCNAB RD 1460 W MCNAB RD FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309										
, The CASSETIONE	EE 7 E 33003	t i znoczne	7 N.C.E 7 E 00000					OT WRITE IN	THIS SPACE	
							3. Date Incorporated or	Qualifed		
			···				04/08/1985		1 7	P-4 F
-	Place of Business	2a. Mailing	Address				4. FEI Number		\ + -	plied For t Applicable
21 Cuita Ant	# oto	26 Suite A	pt. #, etc			-	59-252 <u>1079</u>		\$8.75 A	
Suite, Apt	#, etc.	27	pr. w, erc				5. Certifcate of Status D	esired 💢	Fee Re	
City & State	ie	City & S	State	=			6. Election Campaign Fi	nancing _	\$5.00	May Be
23		28					Trust Fund Contributi	- 11	Added to	•
Zip	Country	Zıp		Countr	ry		8. This corporation owe	s the current ye		_
24	25	29		30			Personal Property Ta		☐ Yes	□No
	9. Name and Address of Curre	ent Registered Ag	jent				10. Name and Address	of New Regist	ered Agent	
JOH	INCON IVE A			8.	il N	ame				
	INSON, LYLE A. D N.E. 47TH STREET			8:	2 S	treet Addi	ress (P.O. Box Number is No	t Acceptable)	<u>.</u>	
	RT LAUDERDALE FL 33308			8:	2					• • • • • • • • • • • • • • • • • • • •
TON	T EAUDENDALE I'L 33300			0.	.3					
				84	4 C	ity			85 Zip C	Code
11 Dursuant	to the provisions of Sections 607.05	502 and 607 1508	Florida Statute	es, the above	ve-na	med corp	poration submits this stateme	nt for the purpo	se of changing its	registered
i office or r	registered agent, or both, in the Stat	te of Florida. Such⊣	change was au	uthorized by	y the	corporati	on's board of directors. I here	eby accept the a	appointment as rec	gistered
	am familiar with, and accept the oblig	gations of, Section		llud Statute						
	·	.								
SIGNATURE	Signature, typed or printed name of registered a	_				nature require	ed when reinstating)	DA	ξξ	
		_				nature require	ed white reinstating) ADD(TIONS/CHANGE		S AND DIRECTO	
SIGNATURE		igent and title if applicable		Registered Agi	jent sigr	nature require	.			PRS IN 12
SIGNATURE	OFFICERS A	igent and title if applicable	(NOTE	Registered Agr	gent sign	nature require	.		S AND DIRECTO	
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SIGNATURE 12. TITLE NAME	PSTD JOHNSON, LYLE A.	agent and title if applicable	(NOTE	Hegistered Agi 13. 11TITLE 12 NAME 13 STREI 14 CITY-	gent sign	DRESS	.		S AND DIRECTO	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	PSTD JOHNSON, LYLE A. 3040 N.E. 47 STREET FORT LAUDERDALE FL 33	agent and title if applicable	(NOTE	13. 11 TITLE 12 NAME 13 STREI 14 CITY- 21 TITLE	gent sign E EET ADC - ST- ZtP	DRESS	.		S AND DIRECTO	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(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, from an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Lyle A. Johnson,