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95 MAY -1 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **J40705** **(2)**

1. Corporation Name
ALL GLASS, INC.

Principal Place of Business	Mailing Address
255 SEMORAN COMMERCE PL #105 APOPKA FL 32703	255 SEMORAN COMMERCE PL #105 APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 11/03/1986	3a. Date of Last Report: 05/01/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-2745526	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	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

STONE, STEPHEN M.
725 N. MAGNOLIA AVENUE
ORLANDO FL 32803

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: (Typed or printed name of registered agent and title if agent is corporation) (If agent is corporation, registered agent must sign above) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD	11 TITLE	☐ Change ☐ Addition
12 NAME	KAPLAN, JAY S	12 NAME	
13 STREET ADDRESS	255 SEMORAN COMM PL #105	13 STREET ADDRESS	
14 CITY ST ZIP	APOPKA FL	14 CITY ST ZIP	
21 TITLE	VD	21 TITLE	☐ Change ☐ Addition
22 NAME	BOUR, DAVID	22 NAME	
23 STREET ADDRESS	255 SEMORAN COMM PL #105	23 STREET ADDRESS	
24 CITY ST ZIP	APOPKA FL	24 CITY ST ZIP	
31 TITLE	STD	31 TITLE	☐ Change ☐ Addition
32 NAME	KAPLAN, DAVID J	32 NAME	
33 STREET ADDRESS	255 SEMORAN COMM PL #105	33 STREET ADDRESS	
34 CITY ST ZIP	APOPKA FL	34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

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)(i), Florida Statutes. I further certify that the information indicated on this 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 added on an attachment with an address.

SIGNATURE: *Jay Kaplan* Doris J. Kaplan 4/26/95 407-880-1199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0036335 CP