

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L70355 (7)**
1. Corporation Name
ALL PHASE GLASS AND MIRROR COMPANY, INC.



Principal Place of Business: **C/O COLLEEN HALL 5014 N HALE AVE TAMPA FL 33614-6547 US**
Mailing Address: **C/O COLLEEN HALL 5014 N HALE AVE TAMPA FL 33614-6547 US**

3. Date Incorporated or Qualified: **05/02/1990**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-3009685**
Applied for: 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

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

9. Name and Address of Current Registered Agent
**HALL, COLLEEN M.
8207 PINEHURST CIR.
TAMPA FL 33615**

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: _____ (Print Name of Person Signing, Name of Agent and State of Application) (Print Name of Registered Agent, Signature Request when Required) (Date)

12. OFFICERS AND DIRECTORS

TITLE	ST	DELETE <input type="checkbox"/>
NAME	HALL, JAMES O.	
STREET ADDRESS	8207 PINEHURST CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	DELETE <input type="checkbox"/>
NAME	HALL, COLLEEN M	
STREET ADDRESS	8207 PINEHURST CR	
CITY-ST-ZIP	TAMPA FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
62 NAME	
63 STREET ADDRESS	
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Colleen M. Hall* *Colleen M. Hall, Pres* 8/8/96 813-876-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)