

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000049458 (9)**

1. Corporation Name:  
**ALLSTAR GLASS INC.**



Principal Place of Business: **4506 BROOKHOLLOW CIRCLE WINTER SPRINGS FL 32708**  
Mailing Address: **4506 BROOKHOLLOW CIRCLE WINTER SPRINGS FL 32708**

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

3. Date Incorporated or Qualified: **07/01/1995**  
3a. Date of Last Report  
4. FEI Number: **59-3319481**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contributor:  **\$5.00 May Be Added to Fees**  
8. This corporation has facility for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**DEMARZO, CHRISTY D  
4506 BROOKHOLLOW CIRCLE  
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent:  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.042 and 607.1505, 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: *Christy DeMarzo*

12. OFFICERS AND DIRECTORS:  
1. TITLE: **President** [ ] DELETE  
2. NAME: **Christy DeMarzo**  
3. STREET ADDRESS: **4506 Brookhollow Cr**  
4. CITY-STATE-ZIP: **Winter Spgs, FL 32708**  
5. TITLE: [ ] DELETE  
6. NAME:  
7. STREET ADDRESS:  
8. CITY-STATE-ZIP:  
9. TITLE: [ ] DELETE  
10. NAME:  
11. STREET ADDRESS:  
12. CITY-STATE-ZIP:  
13. TITLE: [ ] DELETE  
14. NAME:  
15. STREET ADDRESS:  
16. CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: N 12  
1. TITLE: **President** [ ] Change [ ] Addition  
2. NAME: **Christy DeMarzo**  
3. STREET ADDRESS: **4506 Brookhollow Cr**  
4. CITY-STATE-ZIP: **Winter Spgs, FL 32708**  
5. TITLE: [ ] Change [ ] Addition  
6. NAME:  
7. STREET ADDRESS:  
8. CITY-STATE-ZIP:  
9. TITLE: [ ] Change [ ] Addition  
10. NAME:  
11. STREET ADDRESS:  
12. CITY-STATE-ZIP:  
13. TITLE: [ ] Change [ ] Addition  
14. NAME:  
15. STREET ADDRESS:  
16. CITY-STATE-ZIP:

**800001757928**  
**-03/26/96--0111--038**  
**\*\*\*200.00**

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 it 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, as applicable, or on an attachment with an address.

SIGNATURE: *Christy DeMarzo*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-13-96 (407)699-8207**

CR2E034 (12/95)