

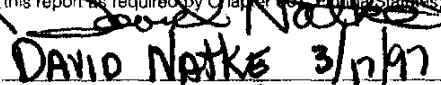


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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 # 455615 (5) 1. Corporation Name PUNTA GORDA GLASS CO.			
Principal Place of Business 22460 GLASS LANE CHARLOTTE HARBOR FL 33980-2001		Mailing Address 22480 GLASS LANE CHARLOTTE HARBOR FL 33980-2001	
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 06/29/1974		3a. Date of Last Report 04/29/1996	
4. FEI Number 59-1573809		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent NATKE, SUSAN K 125 SW SINCLAIR ST. PORT CHARLOTTE FL 33982		10. Name and Address of New Registered Agent 81 Name D'Aprile, SUSAN K. 82 Street Address (P.O. Box Number is Not Acceptable) 24673 NOVA LANE 83 84 City Port Charlotte FL 85 Zip Code 33980	
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 provisions of Section 607.0505, Florida Statutes. SIGNATURE  DATE 3/17/97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME NATKE, DAVID STREET ADDRESS 125 S.W. SINCLAIR STREET CITY-ST-ZIP PT CHARLOTTE FL FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE SD NAME NATKE, SUSAN K STREET ADDRESS 125 SW SINCLAIR ST CITY-ST-ZIP PT. CHARLOTTE FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE T NAME NORUS, ROBERT STREET ADDRESS 2357 ACHILLES ST. CITY-ST-ZIP PT. CHARLOTTE FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE VPD NAME NATKE, JUDITH E STREET ADDRESS 125 SW WINCLAIR ST CITY-ST-ZIP PT. CHARLOTTE FL 33952		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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 197, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:  DATE 3/17/97			

CR2E034 (9/96)