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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 482487

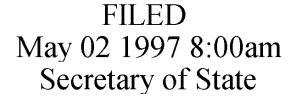
(6)

ALUMIGLASS, INC.

	_		_	
Princh	pal	Place	of	Business

4800 N. FEDERAL HIGHWAY SUITE 907-B BOCA RATON FL 33431 Mailing Address

4800 N. FEDERAL HIGHWAY SUITE 307-B BOCA RATON FL 33431-5145





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						08/07/1975 05/01			of Last Report	
2. Principal Place of Business 21		2a. Mailing Addres	2a. Mailing Address 26			4. FEI Number		A	pplied For	
						59-1613335			lot Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required			
City & Stat	te	City & State	}1 ´			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	. Country Zip 30			Country 8. This corporation has fiability for intangible			intangible t			
<u> </u>	9. Name and Address of Cur			T		10. Name and Address of New Re			<del></del>	
CA	P SERVICE CORPORATION			B1	Name			<u> </u>		
4800 N. FEDERAL HIGHWAY				-	0	(DO D H 1 1 1 H 1				
	ITE 307-B			82	82 Street Address (P.O. Box Number is Not Acceptable)					
	CA RATON FL 33431			83						
, 50	5/11811 OH 12 00101			84	City	· · · · · · · · · · · · · · · · · · ·	FL	<b>85</b> Zip	Code	
aa Baasa 1	A- A	0000	ACT 1	<u> </u>	L	poration submits this statement for the p		<u> </u>		
SIGNATURE	am familiar with, and accept the ob-	d agent and the if applicable	(NOTE Registe	red Ago		red when reinstating)	DATE			
12.	OFFICERS	AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	CERS AND			
TITLE	P	☐ DELE	TE 1.1	TITLE				Change	Addition	
NAME	DOYLE, JOHN V		1.2	NAME						
STREET ADDRESS	2083 NW 19TH WAY		1.3	STREET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL			CITY-S	ST - 71P					
TITLE	!	☐ DELE	TE 2.1	TITLE				Change	Addition	
NAME	Ţ		2.\$	NAME						
STREET ADDRESS	ì				ADDRESS					
CITY-ST-ZIP		Their			ST - ZIP					
TITLE		☐ DELE		TITLE				Change	☐ Addition	
NAME				NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELE		CHY-S	ST - ZIP		-	Change	Addition	
NAME				TITLE NAME			ļ	Unange	Addition	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				STREET CITY-S						
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NAME				NAME			'		had ridding	
STREET ADDRESS					ADDRESS					
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					1 41			Change	Addition	
TITLE	-	L DELE	TE 61	IIILE						
TITLE		L_J DELE					ı	- Change	L.J Addition	
TITLE NAME		ĹĴ DELE	68	NAME	ADDRESS				L.J Addition	
TITLE		[_] DELE	6.9 6.9	NAME	ADDRESS		l	. Crange	Adulton	

If to 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 of charled, or on an attachment with an address.