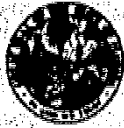


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 574420 (6)**

1. Corporation Name  
**D-J GLASS ENTERPRISES, INC.**

Principal Place of Business

563 BARTON BLVD.  
STE. 11  
ROCKLEDGE FL 32955  
US

Mailing Address

256 VIA DE LA REINA  
MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/01/1978</b>	3a. Date of Last Report <b>01/19/1994</b>
4. FEI Number <b>59-1874250</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**GLASS, DOSSIE B.  
256 VIA DE LA REINA  
MERRITT ISLAND FL 32953**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>GLASS, DOSSIE B.</b>
STREET ADDRESS	<b>256 VIA DE LA REINA</b>
CITY - ST - ZIP	<b>MERRITT ISLAND FL</b>
TITLE	<del>GD</del>
NAME	<del>GLASS, JANE W.</del>
STREET ADDRESS	<del>256 VIA DE LA REINA</del>
CITY - ST - ZIP	<del>MERRITT ISLAND FL</del>
TITLE	<b>VD</b>
NAME	<b>GLASS, GREGORY W.</b>
STREET ADDRESS	<b>256 VIA DE LA REINA</b>
CITY - ST - ZIP	<b>MERRITT ISLAND FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Cynthia G. Lancaster</b>	
1.3 STREET ADDRESS	<b>6104 W. POTTER DRIVE</b>	
1.4 CITY - ST - ZIP	<b>Glendale, AZ 85308</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gregory W. Glass* **4/26/95** (407) 425-4305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GREGORY W. GLASS, Vice Pres.**