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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **677599** **(3)**

1. Corporation Name

ACTION GLASS, INC.

Principal Place of Business	Mailing Address
C/O IRA B. PRICE. ESQUIRE 9130 S DADELAND BLVD. S1705 MIAMI FL 33156	C/O IRA B. PRICE. ESQUIRE 9130 S DADELAND BLVD. S1705 MIAMI FL 33156

3. Date Incorporated or Qualified: 07/03/1980
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 9100 S. DADELAND BLVD
Suite, Apt. #, etc.
22 Suite 1701
City & State
23 Miami, FL
Zip 24 33156 Country 25

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2006005 ☐ 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

9. Name and Address of Current Registered Agent

PRICE, IRA B., ESQUIRE
9130 S DADELAND BLVD,
S1705
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: IRA B. Price
82 Street Address (P.O. Box Number is Not Acceptable): 9100 South Dadeland Blvd
83 Suite 1701
84 City: Miami FL 85 Zip Code: 33156

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 of the president, vice president, or other authorized officer (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BACKER, MICHAEL I		12 NAME	
STREET ADDRESS	10502 SW 143RD CT		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000		14 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BACKER, MARTHA K		22 NAME	
STREET ADDRESS	10502 SW 143RD CT		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000		24 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MYERS, FRANK		32 NAME	
STREET ADDRESS	8045 S.W. 103 AVE,. #103		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	STREET, MICHAEL		42 NAME	
STREET ADDRESS	7401 S.W. 82ND ST., #3081		43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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: _____ F-3-96 305-267-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #