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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

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Corporation Name

ACTION GLASS, INC.

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Principal Place	of Business	Mailing Address	• * * * * * * * * * * * * * * * * * * *			-		INDIA MININI IMBI
4711 SW 75 AV	•	9100 SOUTH DADELAND	BLVO					
SUITE 1701		SUITE 1701				DO NOT WOITE IN THIS S	DACE	
MIAMI FL 33155 MIAMI FL 33156						DO NOT WRITE IN THIS SPACE		
US	US .		3. Date Incorporated or Qualifed 07/03/1980					
9 0	leas of Divisions	2n Moiling Address				4. FEI Number	I I An	plied For
├─ '	lace of Business	2a. Mailing Address				59-2006005	 	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75	
22	#. 6 10.	27				5. Certificate of Status Desired	Fee Re	
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	• • •		'	Trust Fund Contribution	Added t	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intan	ngible	
24	25	29	30			1 disorial 1 topolity 1251	⊒ Yes	No.
1.4	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Ag	gent	
DDIC.	E IDA B. FOOLIDE			81 1	Name	·		
	Ce, Ira B., esquire South Dadeland Blvd			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
l .	E 1701							
l	Al FL 33156			83				
}	III 1 E 00 100			84	City		85 Zip (Code
		4500 El : 1- 01-1		Ш		FL	nonging its	Foristored
office or re	egistered agent, or both, in the State o	f Florida. Such change was	authorized	d by the	e corporation	pration submits this statement for the purpose of characteristics of directors. I hereby accept the appointment	ment as re	gistered
agent. I ai	m familiar with, and accept the obligation	ons of, Section 607.0505, F	lorida Stat	utes.				
SIGNATURE	Signature, typed or printed name of registered agent		TE: Pogietores	(Agent ei	ionatura required	when reinstating) DATE		
12.	OFFICERS AND		13.	r r gont se	-grizzate regalica	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	PD	Clocuste						
NAME		☐ DELETE	, 1.1 TI	ILE			Change	☐ Addition
	BACKER, MICHAEL I	[] Delete	1.1 TI 1.2 N				☐ Change	☐ Addition
STREET ADDRESS	BACKER, MICHAEL I 10502 SW 143RD CT	DELETE	1.2 N		DDRESS		☐ Change	☐ Addition
		Deffere	1.2 N 1.3 S	AME			☐ Change	
STREET ADDRESS	10502 SW 143RD CT	☐ DELETE	1.2 N 1.3 S	AME TREET AL			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	10502 SW 143RD CT Miami Fl DST Backer, Martha K		1.2 N 1.3 S 1.4 C	ame Treet al ITY-ST-Z ITLE			_ •	
STREET ADDRESS CITY-ST-ZIP TITLE	10502 SW 143RD CT MIAMI FL DST BACKER, MARTHA K 10502 SW 143RD CT		1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N	ame Treet al ITY-ST-Z ITLE	ZiP ·		_ •	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	10502 SW 143RD CT MIAMI FL DST BACKER, MARTHA K 10502 SW 143RD CT MIAMI FL	☐ DELETE	1.2 N 1.3 S 1.4 Cl 2.1 Tl 2.2 N 2.3 S	AME TREET AL ITY-ST-Z TLE AME	DDRESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10502 SW 143RD CT MIAMI FL DST BACKER, MARTHA K 10502 SW 143RD CT MIAMI FL VP		1.2 N. 1.3 S' 1.4 CC 2.1 TI 2.2 N. 2.3 S' 2.4 CC 3.1 TI	AME TREET AL TTY-ST-Z TLE AME TREET AL CITY-ST-Z	DDRESS		_ •	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10502 SW 143RD CT MIAMI FL DST BACKER, MARTHA K 10502 SW 143RD CT MIAMI FL VP MYERS, FRANK	☐ DELETE	1.2 N 1.3 S 1.4 C 2.1 Tl 2.2 N 2.3 S 2.4 C 3.1 Tl	AME TREET AL TTY-ST-Z TLE AME TREET AL CITY-ST-Z TLE AME	DDRESS ZIP		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10502 SW 143RD CT MIAMI FL DST BACKER, MARTHA K 10502 SW 143RD CT MIAMI FL VP MYERS, FRANK 8045 S.W. 103 AVE, #103	☐ DELETE	1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI - 3.2 N 3.3 S	AME TREET AL TTY-ST-Z TLE AME TREET AL TTLE AME TREET AL TREET AL TREET AL	DDRESS ZIP DDRESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10502 SW 143RD CT MIAMI FL DST BACKER, MARTHA K 10502 SW 143RD CT MIAMI FL VP MYERS, FRANK 8045 S.W. 103 AVE,. #103 MIAMI FL	☐ DELETE	1.2 N 1.3 S 1.4 Cl 2.1 Tl 2.2 N 2.3 S 2.4 C 3.1 Tl 3.2 N 3.3 S 3.4 C	AME TREET AL TTY-ST-Z TTLE AME TREET AL CITY-ST-Z TTLE AME TREET AL TREET AL CITY-ST-Z	DDRESS ZIP DDRESS	~	☐ Change	Addition Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	10502 SW 143RD CT MIAMI FL DST BACKER, MARTHA K 10502 SW 143RD CT MIAMI FL - VP MYERS, FRANK 8045 S.W. 103 AVE,. #103 MIAMI FL VP STRAMM, MICHAEL 7401 S.W. 82ND ST., #3081	DELETE	12 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti - 32 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 C 5.1 Ti 5.2 N	AME TREET AL TTY-ST-Z TLE AME TREET AL CITY-ST-Z TLE AME TREET AL CITY-ST-Z TLE TLE TREET AL TLE TREET AL	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS		☐ Change ☐ Change ☐ Change	Addition Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10502 SW 143RD CT MIAMI FL DST BACKER, MARTHA K 10502 SW 143RD CT MIAMI FL - VP MYERS, FRANK 8045 S.W. 103 AVE,. #103 MIAMI FL VP STRAMM, MICHAEL 7401 S.W. 82ND ST., #3081	DELETE	12 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti - 3.2 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 C 5.1 Ti 5.2 N 5.3 S	AME TREET AL TITLE AME TREET AL TITLE AME TREET AL TREET A	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS		☐ Change ☐ Change ☐ Change	Addition Addition Addition
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14. I 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 if chapter 607, or on an attachment with all address, with all other like empowered.

SIGNATURE:

SIGNATURE AND HIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u> 4-0</u>

505-267-940

Daytime Phone #