FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED 95 MAR -1 PM 4:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 850196 (7)

1. Corporate Name

STAINED GLASS OVERLAY, INC.

Principal Place of Business: 1827 N CASE ST ORANGE CA 92665

Mailing Address: 1827 N CASE ST ORANGE CA 92665

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/31/1981

3a. Date of Last Report: 03/07/1994

4. FEI Number: 95-3805418 ☐ 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

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PFAHLER, REINHOLD
STREET ADDRESS	2392 MORSE AVENUE
CITY-ST-ZIP	IRVINE CA
TITLE	PD
NAME	SHEA, PETER
STREET ADDRESS	2392 MORSE AVENUE
CITY-ST-ZIP	IRVINE CA
TITLE	VTSD
NAME	POPE, SUSAN L.
STREET ADDRESS	1827 N. CASE STREET
CITY-ST-ZIP	ORANGE CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition; 1.2 NAME; 1.3 STREET ADDRESS; 1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition; 2.2 NAME; 2.3 STREET ADDRESS; 2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition; 3.2 NAME; 3.3 STREET ADDRESS; 3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition; 4.2 NAME; 4.3 STREET ADDRESS; 4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition; 5.2 NAME; 5.3 STREET ADDRESS; 5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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 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 changed, or on an attachment with an address.

SIGNATURE: Susan L Pope Susan L. Pope 2/23/95 (714)974-6124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402403 FP