

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

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # 854377 (9)

1. Corporation Name
GENERAL GLASS EQUIPMENT COMPANY

Principal Place of Business
311 ABSECON BLVD.
ABSECON NJ 08201

Mailing Address
311 ABSECON BLVD.
ABSECON NJ 08201



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/13/1982		3a. Date of Last Report 07/11/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 21-0657821		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

ELLIS, STEPHEN F.
46 NORTH WASHINGTON BLVD. #5
SARASOTA FL 33577

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CBO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMBO, LOUIS	1.2 NAME	
STREET ADDRESS	1660 JUNIPER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	PCO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMBO, VICTOR A., II	2.2 NAME	
STREET ADDRESS	511 N DOUGLAS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE NJ	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINICO, ELEANOR A.	3.2 NAME	
STREET ADDRESS	255 W COLOGNE-PT RPLC RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	EGG HARBOR NJ	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINICO, FRANK A.	4.2 NAME	
STREET ADDRESS	255 W COLOGNE-PT RPLC RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	EGG HARBOR NJ	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMBO, VICTOR G.	5.2 NAME	
STREET ADDRESS	4 SUNSET AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LINWOOD NJ	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: _____ Frank A. Dominico, V.P. & Treas. 4/21/97 609-345-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)