

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jun 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 854377 (9)**

1. Corporation Name  
**GENERAL GLASS EQUIPMENT COMPANY**



Principal Place of Business <b>311 ABSECON BLVD.                  ABSECON NJ 08201</b>	Mailing Address <b>311 ABSECON BLVD.                  ABSECON NJ 08201</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b> <b>25</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b> <b>30</b>
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3. Date Incorporated or Qualified <b>10/13/1982</b>	
4. FEI Number <b>21-0657821</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ELLIS, STEPHEN F.  
 48 NORTH WASHINGTON BLVD. #5  
 SARASOTA FL 33577**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>CEO</b>	<input type="checkbox"/> DELETE
NAME	<b>PLUMBO, LOUIS</b>	
STREET ADDRESS	<b>1660 JUNIPER DRIVE</b>	
CITY-ST-ZIP	<b>VENICE GARDENS FL</b>	
TITLE	<b>CEO</b>	<input type="checkbox"/> DELETE
NAME	<b>PLUMBO, VICTOR A., II</b>	
STREET ADDRESS	<b>511 N DOUGLAS AVE.</b>	
CITY-ST-ZIP	<b>MARGATE NJ</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DOMINICO, ELEANOR A.</b>	
STREET ADDRESS	<b>255 W COLOGNE-PT RPLC RD</b>	
CITY-ST-ZIP	<b>EGG HARBOR NJ</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>DOMINICO, FRANK A.</b>	
STREET ADDRESS	<b>255 W COLOGNE-PT RPLC RD</b>	
CITY-ST-ZIP	<b>EGG HARBOR NJ</b>	
TITLE	<b>VO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PLUMBO, VICTOR G.</b>	
STREET ADDRESS	<b>4 SUNSET AVE</b>	
CITY-ST-ZIP	<b>LINWOOD NJ</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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 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 registered 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 change, or an appointment with an address.

SIGNATURE *Frank A. Dominico* Frank A. Dominico 5/22/98 609-245-7500

CR2E034 (10/97)