SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000002478 (3) RANGER SPECIALIZED GLASS, INC.

**FILED** Jul 16 1998 8:00am Secretary of State

			<u>.</u>					
	e of Business		Mailing Address				**************************************	
19031 ALDINE			19031 ALDINE WESTFIELD					
HOUSTON TX	77073	HOUST	ON TX 77073				DO NOT WRITE IN THIS	eDACE
							3. Date Incorporated or Qualified	BEAUL
							05/17/1996	•
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For
21		26	— <sub>1</sub>				76-0375715	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					\$8.75 Additional
22		27	27				5. Certificate of Status Desired	Fee Required
City & Stat	le	Cit	y & State				6. Election Campaign Financing	\$5.00 May Be
3	<u> </u>	28	28				Trust Fund Contribution	Added to Fees
Zip Country		Zip	Zip Country				8. This corporation owes or has paid the curre	ent year Intangible
24			29 30				Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curr	rent Registere	d Agent				10. Name and Address of New Registered A	gent
	ONE, ROBERT				81	Name		
	NW 44TH ST, SUITE 102		82 Street A			Street A	dress (P.O. Box Number is Not Acceptable)	
FT ۱	AUDERDALE FL 33309							
	•				83			
					84	City		85 Zip Code
					۲.,	J.,,	FL	2.0000
office or	registered agent, or both, in the Stammamliar with, and accept the ob	ate of Florida. Soligations of, se	Such change was ction 607.0505, F	authorized lorida Statu	by Jes	the corpor	rporation submits this statement for the purpose of characteristics board of directors. I hereby accept the appoin	ingling its registered
	Signature, typed or printed name of registered a				ed Ag	gent signature	required when reinstating) DATE	
12.	OFFICERS	AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	MALONE, ROBERT		L DELETE	1.1 TITLE			<b>&gt;</b>	Change Additio
NAME	ASSAU LIABITAT LIILI				1.2 NAME 1.3 STREET ADDRESS \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		MACU STIMMEND 82861	
STREET ADDRESS	HOUSTON TX 77073							
CITY-ST-ZIP	HODSTON IX 77073			1.4 CIT		ZIP	Connor, Tr 17304	<b>7</b>
TITLE			L DELETE		2.1 TITLE		ι	Change Addition
NAME				2.2 NAI				
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP				2.4 CIT		-ZIP		
TITLE			DELETE	3.1 T(T(		ļ	ι	Change Addition
NAME				3.2 NAM				
STREET ADDRESS	· ·					ADDRESS		
CITY-ST-ZIP TITLE		<del></del>		3.4 CIT 4.1 TIT		ZIP		7
			L_] DELETE			,	L	Change
NAME				4.2 NAM				
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP				4.4 CIT		ZIP		<u> </u>
TITLE			DELETE	5.1 TITI			L	_ Change _ Addition
NAME				5.2 NAM				
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP				5.4 CIT	_	ZIP		<u> </u>
TITLE			L DELETE	6.1 TITL			L	Change Addition
NAME				6.2 NA				
STREET ADDRESS						ADDRESS	•	
CITY 67 7ID						מול.		

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 frustee 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.