## 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

DOCUMENT # F9600005944 (1)  1. Corporation Name HAUSER ART GLASS COMPANY, INC.						
Principal Place of Business Mailing Add						T LORDILOW TIEG EQUAL BRINE BRINE OBINE OBINE ODINE OLINE TOWN BINE BINE BINE BINE BINE BINE BINE BIN
4048 WEST 4TH STREET WINONA MN 55987		4046 WEST 4TH STREET WINONA MN 55987-1507				
9. Delegined S	Place of Business	2a. Mailing Address				3. Date Incorporated or Qualified 3a. Date of Last Report 11/13/1996
21	- IdC4 OF DESITIOSS	26 Adding Address				4. FE! Number Applied For
Sulte, Apt.	# elc.	Suite, Apt. #, etc.				41-0872703   Not Applicable   \$8.75 Additional
22	,	27				5. Certificale of Status Desired Fee Required
City & Stat	te	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30]			Florida Statutes Yes No
	9. Name and Address of Curre	nt Hegistered Agent		B1	Name	10. Name and Address of New Registered Agent
	RPORATE ACCESS		1			
1116-D THOMASVILLE ROAD TALLAHASSEE FL 32303				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
IAU	LANMOSEE PL 32303		}	83		
			\	_		, ,
				84	City	FL 85 Zip Code
11. Pursuant office or a agent. I a SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607,1508, Florida State e of Florida. Such change war yations of, Section 607,0505, I	utes, the ab s authorized Florida Stati	ove d by utes	-named co the corpor	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (N	O1E: Rogistered	Age	nt signature rec	equired when reinstating) DATE
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P HALICED MICHAEL E	☐ DELETE	1.1 10			Change
NAME STREET ADDRESS	HAUSER, MICHAEL F 4046 WEST 4TH STREET		1.2 NA		4D0001.00	
CITY-ST-ZIP	WINONA MN 55987		1.3 S N		ADDRESS	
TITLE	D	DELETE	2.1 111		1-21r	. Change Addition
NAME	HAUSER, MICHAEL		22 NA			
STREET ADDRESS	4048 WEST 4TH STREET				ADDRESS	
CITY-ST-ZIP	WINONA MN 55987		2 4 CI			
TITLE	•		3.1 111	LE		☐ Change ☐ Addilion
NAME	HAUSER, JAMES A		3.2 NA	ME.		
STREET ADDRESS	4048 WEST 4TH STREET		3.3 ST	REET	ADDRESS	}
CITY-ST-ZIP	WINONA MN 55987	Delete	3.4. CI		T-ZIP	·
TITLE		☐ DELETE	4.1 717		}	Change Addition
NAME STREET ADORESS			4, 2 N/		ADDRESS	
STREET ADORESS			4.3 ST		ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5 1 10		- Zir	Change Addition
NAME		band o'couth	5.2 NA		İ	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			5.4 CIT			
TITLE		☐ DELETE	6.1 TI)			Change Addition
NAME			6.2 NA	ME		1
STREET ADDRESS			63511	REET	ADDRESS	ļ
CiTY-ST-ZiP			6.4 CII	Y-Si	- 71P	

4. 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed or on an adaptment with an address.

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**FILED** 

Jul 14 1997 8:00am

Secretary of State