

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000005944**

1. Corporation Name

**HAUSER ART GLASS COMPANY, INC.**

Principal Place of Business

**4046 WEST 4TH STREET  
WINONA MN 55987**

Mailing Address

**4046 WEST 4TH STREET  
WINONA MN 55987**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CORPORATE ACCESS  
1116-D THOMASVILLE ROAD  
TALLAHASSEE FL 32303**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualified

**11/13/1996**

4. FEI Number

**41-0872703**

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 owes the current year intangible  
Personal Property Tax.

☐ Yes

☒ No

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

TITLE

**P**

☐ DELETE

NAME

**HAUSER, MICHAEL F**

STREET ADDRESS

**4046 WEST 4TH STREET**

CITY-ST-ZIP

**WINONA MN 55987**

TITLE

**D**

☐ DELETE

NAME

**HAUSER, MICHAEL**

STREET ADDRESS

**4046 WEST 4TH STREET**

CITY-ST-ZIP

**WINONA MN 55987**

TITLE

**DV**

☐ DELETE

NAME

**HAUSER, JAMES A**

STREET ADDRESS

**4046 WEST 4TH STREET**

CITY-ST-ZIP

**WINONA MN 55987**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: *Michael F. Hauser*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael F. Hauser* 2/22/99

Date

507-457-3500

Daytime Phone #

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90075 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/98)