FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.
Sandra B. Mortham
Secretary of State

| | 1996 | DIVISION OF | CORPORATIONS | | |
|-------------------------------------|--|---------------------------------|---|---|---|
| DOCU 1. Corporatio | MENT # G547 0 | 04 (3) | | | |
| GLASS | S MASONRY SOUTH, INC. | | | | |
| | | | | | |
| Principal Place | e of Business | Mailing Address | | | |
| 4011 SW 47 AVE % RICHARD BUSHONG | | | • | | |
| SUITE 1109 | | 3233 HUNTINGTON | | | |
| US LAUDERL | DALE FL 33314 | FT LAUDERDALE FL 33 US | 1332 | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| | | | | 08/18/1983 | 01/19/1995 |
| | hace of Business | 2a. Mailing Address | | 4. FLI Number | Applied For |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 59-2316539 | Not Applicable |
| 22 | ., | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | le | City & State | ~ | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip 24 | Country 25 | Zφ | Country | 8. This corporation has liability for | |
| 54 | 9. Name and Address of Curre | 29 ent Registered Agent | 30 | Florida Statutes Yes 10. Name and Address of New I | S No |
| | | | 81 Nanie | To. Name and Address of flow I | registered Agent |
| BUSHONG, RICHARD 3233 HUNTINGTON | | | 82 Street Ad | ddress (P.O. Box Number is Not Acceptat | olo) |
| | | | Oz Street At | duress (F.C. box Humber is Not Acceptat | uie) |
| FT. LAU | IDERDALE FL 33332 | | 83 | | |
| | | | 84 City | | ■■ 85 Zip Code |
| 11 Durcuant | to the provisions of Continue COT OF | 007 1500 Flands Over 1 | | | FL. |
| | red agent, or both, in the State of Flo ith, and accept the obligations of, Sec | | | poration submits this statement for the pulpard of directors. I hereby accept the app | irpose of changing its registered offici pointment as registered agent. I am |
| CIONIATUDE | | | | | |
| | Signaturu, typed or printed harrie of registered age | nt and title if applicable (NO) | Thi Ringistered Agent signature req | | DATE |
| 12. | PSD OFFICERS AI | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFF | |
| TITLE NAME | BUSHONG, RICHARD | DELETE | 1. 1 TITLE | | Change Addition |
| STREET ADDRESS | 3233 HUNTINGTON | | 1.2 NAME | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 1.3 STREET ADDRESS 3.4 City - St - Zip | | |
| TITLE | VTD | [] DELETE | 2 1 TILLE | | Change Addition |
| NAME | BUSHONG, REBECCA | | 2 2 NAME | | |
| STREET ADDRESS | 3233 HUNTINGTON | | 2.3 STREET ADDRESS | | |
| CITY-ST-Z/P | FT LAUDERDALE FL | | 2 4 CITY - ST - ZIP | | |
| THE | | ☐ DELETE | 3 1 TITLE | | Change Addition |
| NAME CLOSEL LEDDSOS | | | 3.2 NAME | | |
| STREET ADDRESS CITY-ST-ZIP | | | 3.3 STREET ADDRESS | | |
| TITLE | | DELETE | 34 CITY - ST - 7IP 4 ! TITLE | | Change Addition |
| NAME | | | 4.2 NAME | | □1 ouanåe □ vooition |
| STREET ADORESS | | | 4.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 4.4 CITY - ST - ZIP | | |
| TITLE | The state of the s | ☐ DELETE | 5 1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| TITLE | | DELETE | 54 CITY-ST-ZIP | | D. 644 |
| NAME | | M refere | 6 1 TITLE 62 NAMÉ | | Change Addition |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | | |
| 4.4 Late transfer | | to the second second | | | |

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath, 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR PRECTOR

er/Irus

2/32/94 (954)584-877