FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

[illegible] 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G83088** **(6)**

1. Corporation Name

ATLAS GLASS & MIRROR, INC.

Principal Place of Business	Mailing Address
870 SUNSHINE LANE ALTAMONTE SPRINGS FL 32714-0902	870 SUNSHINE LANE ALTAMONTE SPRINGS FL 32714-0902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/02/1984**
3a. Date of Last Report: **10/28/1994**
4. FEI Number: **59-2368019** — 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 10900
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Bedford NH
Zip 24 / Country 25	Zip 29 03110 / Country 30 Hillsborough

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 Zip Code

11. [illegible]

SIGNATURE [illegible]

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROHLFING, DAVID
STREET ADDRESS	5 BEDFORD FARMS
CITY-ST-ZIP	BEDFORD NH 03110
TITLE	STD
NAME	REDMOND, CATHIE
STREET ADDRESS	5 BEDFORD FARMS
CITY-ST-ZIP	BEDFORD NH 03110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(Blank entries: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — [ ] Change [ ] Addition)

14. I do hereby certify that the information supplied with this filing [illegible] and does not qualify for the exemption stated in Section [illegible], Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: [signature] 5/4/95 (603) 627-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David Rohlfing President

000019 CP