

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

AMENDED
PROFIT CORPORATION
ANNUAL REPORT
1996

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



FILED

DOCUMENT #
1. Corporation Name

444138

96 DEC 16 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JM GLASS & ALUMIN UM, INC.

Principal Place of Business Mailing Address
7816 Northwest 72nd Avenue (Same)
Medley, Florida 33166-705

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 7816 Northwest 72nd Avenue	26 7816 Northwest 72nd Ave.	02/22/1985	07/01/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22 -----	27 -----	59-2520472	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 MEDLEY, FLORIDA	28 MEDLEY, FLORIDA	XXX	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33166-705	25 U.S.A.		
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
29 33166-705	30 U.S.A.		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	JOHN E. RYAN
82	Street Address (P.O. Box Number is Not Acceptable)
83	7816 Northwest 72nd Avenue
84	City
Medley	FL
85	Zip Code
	33166-705

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

Date:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT, SECT'Y, TREAS. XXX DELETE	11 TITLE	PRESIDENT, SECT'Y, TREAS. XXX Change Addition
NAME	JERRY G. McGEHEE	12 NAME	JOHN E. RYAN
STREET ADDRESS	7141 MIAMI LAKES DRIVE, #0-14	13 STREET ADDRESS	11280 Northwest 38th Street
CITY-ST-ZIP	MIAMI, FLORIDA	14 CITY-ST-ZIP	CORAL SPRINGS, FLORIDA
TITLE	DIRECTOR XXX DELETE	21 TITLE	DIRECTOR XXX Change Addition
NAME	JERRY G. McGEHEE	22 NAME	JOHN E. RYAN
STREET ADDRESS	7141 MIAMI LAKES DRIVE, #0-14	23 STREET ADDRESS	11280 NORTHWEST 38th STREET
CITY-ST-ZIP	MIAMI, FLORIDA	24 CITY-ST-ZIP	CORAL SPRINGS, FLORIDA
TITLE	DELETE	31 TITLE	Change Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	DELETE	41 TITLE	Change Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	DELETE	51 TITLE	Change Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	DELETE	61 TITLE	Change Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-9-96

Date

305 888-9609

Business Phone

CR2E034 (3/96)