FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # H44737 **(5)**

1. Corporation Name
CENTRAL GLAZING CONTRACTORS, INC.

Principal Place of Business
REGINA L. PETERSON
4044 N.W. 44 COURT
LAUDERDALE LAKES FL 33319
US

Mailing Address
REGINA L. PETERSON
4044 N.W. 44 COURT
LAUDERDALE LAKES FL 33319
US

3. Date Incorporated or Qualified: 02/27/1985	3a. Date of Last Report: 04/07/1995
4. FEI Number: 59-2506307	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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

PETERSON, REGINA L
4044 N.W. 44TH CT
LAUDERDALE LAKES FL 33319

10. **Name and Address of New Registered Agent**
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a... or registered agent, or both, in the State of Florida. Such change was authorized by th... named corporation submits this statement for the purpose of changing its registered office ...poration'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 Regina Peterson se... /treasurer 4/15/96
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	TAFF, THEODORE J	
STREET ADDRESS	4101 N. HIATUS RD. #304	
CITY-ST-ZIP	SUNRISE FL	
TITLE	V	☐ DELETE
NAME	TAFF, JOSEPH V	
STREET ADDRESS	4947 NW 94TH TERR.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	ST	☐ DELETE
NAME	PETERSON, REGINA L	
STREET ADDRESS	715 N.E. 5TH AVE.	
CITY-ST-ZIP	POMPANO BEACH FL	
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
☐ Change ☐ Addition (×6)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and ...oes 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 ...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 empowe...d 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: Regina Peterson Regina Peterson 4/15/96 954-735-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC... Date Daytime Phone #

CR2E034 (12/95)