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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H98799 (0)
1. Corporation Name
DESIGNER GLASS CONCEPTS, INC.



Principal Place of Business
10051 U.S. HIGHWAY #19
PORT RICHEY FL 34668

Mailing Address
10051 U.S. HIGHWAY #19
PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 10130 U.S. HIGHWAY #19
Suite, Apt. #, etc.
22
City & State
23 Port Richey FL
Zip
24 34668
Country
25 3

2a. Mailing Address
26 10130 U.S. Hwy 19
Suite, Apt. #, etc.
27
City & State
28 Port Richey FL
Zip
29 34668
Country
30

3. Date Incorporated or Qualified
02/06/1986

4. FEI Number
59-2628077
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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
LENITON, SCOTT J.
10051 U.S. HIGHWAY #19
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	LENITON, WALTER M.	9325 LEDGESTONE LANE	PORT RICHEY FL	<input type="checkbox"/>
T	LENITON, CYNTHIA S.	9325 LEDGESTONE LANE	PORT RICHEY FL	<input type="checkbox"/>
PS	LENITON, SCOTT J	12046 BETHWOOD	NEW PORT RICHEY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		12022 Bethwood Ave.	New Port Richey, FL 34654	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		12022 Bethwood Ave.	New Port Richey, FL 34654	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE
Scott J. Leniton 4-11-98 417410-7559

CR2E034 (10/97)