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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

J40705

(2)

ALL GLASS, INC.

**FILED** May 12 1997 8:00am Secretary of State



	of Business	Mailing Address			i indista anti ateri della sensi della della del			
255 SEMORAN APOPKA FL 32	COMMERCE PL #105 703	255 SEMORAN COMMER APOPKA FL 32703-4670	255 SEMORAN COMMERCE PL #105 APOPKA FL 32703-4870					
			•		3. Date Incorporated or Qualified 11/03/1986	3a. Date of I		ort
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Appl	ied For
21		26			59-2745526		<del></del>	Applicable
State, Apt.#	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Ad	
City & State		City & State			O Stanting Community Stanting			
		28			Election Campaign Financing     Trust Fund Contribution		<b>5.00</b> м .dded to l	
<b>23</b> ] Zip	Country	Zip :	Country		8. This corporation has liability for			
24	25	29	30			Yes No	1001 0. 1	50,0021
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent		
STO	ne, stephen M.		8,1	Name				
725 N. MAGNOLIA AVENUE ORLANDO FL 32803			82 Street Ad		Idress (P.O. Box Number is Not Acceptable)			
<b>V11</b>	· · · · • · • • • • • • • • • • • • • •		83	<del></del>				
			B4	City		FL 85	Žip Co	de
11. Pursuant to off-de or re agent. Lar	o the provisions of Sections 607,05 gistered agent or both, in the Stat in familiar with, and accept the obli	502 and 607,1508, Florida Statute of Florida. Such change was gations of, Section 607,0505, F	tes, the above authorized by lorida Statutes	-named corpora the corpora	poration submits this statement for the patients board of directors. I hereby acceptions	ourpose of chan pt the appointme	ging its r ent as re	egistered gistered
SIGNATURE								
	Signature, typicd or printed name of registered a	gord and titl∈it applicable (NC	TE: Registered Age	nt signature requ	lired when reinstating)	DATE		
12.	Signature, typicd or protein name of registered a OFFICERS AI	gont and title if applicable (NC ND DIRECTORS	TE: Registered Age	nt signature requ	illed when reinstating) ADDITHONS/CHANGES TO OFFIC		CTORS	IN 12
.,	OFFICERS AF			nt signature requ		CERS AND DIRE		
12.	OFFICERS AI PD KAPLAN, JAY S	ND DIRECTORS  DELETE	13.	nt signature requ		CERS AND DIRE		
12. 111.F	OFFICERS AT PD KAPLAN, JAY S 255 SEMORAN COMM PL. #	ND DIRECTORS  DELETE	13. 11 TITLE			CERS AND DIRE		
12. THE NAME STREET ADDRESS CITY STUZIE	OFFICERS AT PD KAPLAN, JAY S 255 SEMORAN COMM PL # APOPKA FL	ND DIRECTORS  [] DELETE	13. 11 TITLE 12 NAME 1.3 STREET 1.4 CITY-S	ADDRESS		CERS AND DIRE	hange	Addition
112. THE NAME STREET ADDRESS C-TY ST-27P TITLE	OFFICERS AT PD KAPLAN, JAY S 255 SEMORAN COMM PL # APOPKA FL VD	ND DIRECTORS  DELETE	13. 11 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	ADDRESS		CERS AND DIRE	hange	Addition
12. THUE MAME STRELL ADDRESS CHY ST-ZIP TITLE NAME	OFFICERS AT PD KAPLAN, JAY S 255 SEMORAN COMM PL # APOPKA FL VD BOUR, DAVID	ND DIRECTORS  DELETE  105	13. 11 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	ADDRESS T-ZIP		CERS AND DIRE	hange	Addition
112.  THUE  NAME  STREET ADDRESS  CHY SLIZIP  THUE  NAME  STREET ACORESS	OFFICERS AT PD KAPLAN, JAY S 255 SEMORAN COMM PL # APOPKA FL VD BOUR, DAVID 255 SEMORAN COMM PL #	ND DIRECTORS  DELETE  105	13. 11 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS T-ZIP		CERS AND DIRE	hange	Addition
12.  THUE  MAME  STREET ADDRESS  CHY SIL 7PP  THE  NAME  STREET ACORESS  CHY-SIL 7PP	OFFICERS AT PD KAPLAN, JAY S 255 SEMORAN COMM PL # APOPKA FL VD BOUR, DAVID 255 SEMORAN COMM PL # APOPKA FL	ND DIRECTORS  [] DELETE  105  DELETE	13. 11 TITLE 12 NAME 13 STREET 1.4 CITY-S 2.1 TITLE 22 NAME 23 STREET 2.4 CITY-S	ADDRESS T-ZIP		CERS AND DIRE	hange hange	Addition  Addition
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112.  THE NAME STREET ADDRESS CHY STOZE THE NAME STREET ACORESS CHY STOZE THE NAME	OFFICERS AT PD KAPLAN, JAY S 255 SEMORAN COMM PL # APOPKA FL VD BOUR, DAVID 255 SEMORAN COMM PL # APOPKA FL STD KAPLAN, DAVID J	DELETE  DELETE  DELETE  DELETE	13. 11 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS T-ZIP  ADDRESS ST-ZIP		CERS AND DIRE	hange hange	Addition  Addition
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12. THE NAME STREET ADDRESS CITY SECRET TIPE NAME STREET ACORESS CITY SECRET THE NAME	OFFICERS AT PD KAPLAN, JAY S 255 SEMORAN COMM PL # APOPKA FL VD BOUR, DAVID 255 SEMORAN COMM PL # APOPKA FL STD KAPLAN, DAVID J	DELETE  DELETE  DELETE  DELETE	13. 11 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS		CERS AND DIRE	hange hange	Addition  Addition
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