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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J40705 (2)
1. Corporation Name
ALL GLASS, INC.



Principal Place of Business
255 SEMORAN COMMERCE PL #105
APOPKA FL 32703

Mailing Address
255 SEMORAN COMMERCE PL #105
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1007 SUNSHINE LANE
Suite, Apt. #, etc.
22 City & State
23 ALTAMONTE SPRINGS, FL
Zip
24 32714
Country
25 SEMINOLE

2a. Mailing Address
26 1007 SUNSHINE LANE
Suite, Apt. #, etc.
27 City & State
28 ALTAMONTE SPRINGS, FL
Zip
29 32714
Country
30 SEMINOLE

3. Date Incorporated or Qualified
11/03/1986

4. FEI Number
59-2745526
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

7. 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

STONE, STEPHEN M.
725 N. MAGNOLIA AVENUE
ORLANDO FL 32803

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
FL

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
PO	KAPLAN, JAY S	255 SEMORAN COMM PL #105	APOPKA FL	<input type="checkbox"/>
VD	BOUR, DAVID	255 SEMORAN COMM PL #105	APOPKA FL	<input type="checkbox"/>
STD	KAPLAN, DAVID J	255 SEMORAN COMM PL #105	APOPKA 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
		1007 SUNSHINE LANE	ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		SAME		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		SAME		<input checked="" 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
DAVID J. KAPLAN

1-7-98 407 20-0003

CR2E034 (10/97)