FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90090 023 ***150.00

DOCUMENT # J42685

1. Corporation Name

GLASS, INC.

GLACO;						
Principal Place	of Business	Mailing Address				
475 45TH CT. 475 45TH CVERO BCH FL 32968 VERO BCH US US			68		DO NOT WRITE IN THIS	SPACE
					3. Date incorporated or Qualifed 11/18/1986	
2 Detected D	and of Business	2a. Mailing Addres			4. FEI Number	Applied For
-	Principal Place of Business 2a. Mailing Address 26				59-2741295	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional
22		27	<u></u>		5. Certificate of Status Desired	Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip		intry	This corporation owes the current year Interpretation Personal Property Tax.	angible Yes □No
24	9. Name and Address of Cu	rent Pagistared Agent	30		10. Name and Address of New Registered	
	5. Name and Address of Cu	itelit registered Agent		81 Name		
Joshua E. Zwerner				82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
475 45TH CT.				Street Addit	ess (P.O. Box Number is Not Acceptable)	
VERG	D BCH FL 32968			83		
				84 City		85 Zip Code
					FL	-
office or re agent. I a	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida, Such chanci	e was authorized	a ny the corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered	Agent signature required		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	☐ DEI		l	•	☐ Change ☐ Addition
NAME .	JOSHUA E. ZWERNER		1.2 N			
STREET ADDRESS	475 45TH COURT		1	TREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	□ DEI		TTY-ST-ZIP		Change Addition
TITLE			2.7 N			
NAME STREET ADORESS				TREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		□ DE				☐ Change ☐ Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		□ DE				☐ Change ☐ Addition
NAME				NAME		,
STREET ADDRESS				TREET ADDRESS		•
CITY-ST-ZIP		□ DE		ITY-ST-ZIP	· · · · · ·	☐ Change ☐ Addition
TITLE NAME		□ 0E	5.1 N	I	•	
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP			5.4 C	ATY-ST-ZIP		_
71TI F		□ DE	LETE 6.1 T	ITLE		☐ Change ☐ Addition

CITY-ST-ZIP 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS