

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J65727** (6)

1. Corporation Name
FORGLASS TOOLS, INC.



Principal Place of Business: **9801 S. OCEAN DRIVE #387 JENSEN BEACH FL 34957**
Mailing Address: **MALTE JAMES 7000 SE FEDERAL HWY #300 STUART FL 34997 US**

2. Principal Place of Business		2a. Mailing Address	
21	Street Address	26	Street Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified 03/31/1987	3a. Date of Last Report 03/20/1995
4. FCI Number 65-0032421	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MALTE, JAMES A. 7000 SE FEDERAL HWY #300 STUART FL 34997

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	7000 SE FEDERAL HWY #300
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	GACH, PAUL	
STREET ADDRESS	9801 SOUTH OCEAN DRIVE #387	
CITY - ST - ZIP	JENSEN BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11. TITLE			
12. NAME			
13. STREET ADDRESS			
14. CITY - ST - ZIP			
21. TITLE			
22. NAME			
23. STREET ADDRESS			
24. CITY - ST - ZIP			
31. TITLE			
32. NAME			
33. STREET ADDRESS			
34. CITY - ST - ZIP			
41. TITLE			
42. NAME			
43. STREET ADDRESS			
44. CITY - ST - ZIP			
51. TITLE			
52. NAME			
53. STREET ADDRESS			
54. CITY - ST - ZIP			
61. TITLE			
62. NAME			
63. STREET ADDRESS			
64. CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: *Paul Gach* **PAUL GACH** DATE: **3/26/96** TELEPHONE: **(407) 229-3880**

CR2E034 (12/95)