

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR -1 PM 3:28

DOCUMENT # **J65727**

1. Corporation Name
FORGLASS TOOLS, INC.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/31/1987**

4. FEI Number: **65-0032421** 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 the current year Intangible Personal Property Tax: Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
9. Name and Address of Current Registered Agent	

MALTE, JAMES A. 7000 SE FEDERAL HWY #300 STUART FL 34997

81 Name: **MALTE, JAMES A.**

82 Street Address (P.O. Box Number is Not Acceptable): **1111 S FEDERAL HWY SUITE 238**

83 City, State, Zip: **STUART FL 34994-3834**

84 City: **STUART**

85 Zip Code: **FL 34994-3834**

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 fee if applicable)

(NOTE: Registered Agent signature required with filing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GACH, PAUL	
STREET ADDRESS	8801 SOUTH OCEAN DRIVE #387	
CITY-ST-ZIP	JENSEN BEACH FL 34957-3326	
TITLE		<input type="checkbox"/> DELETE
NAME	<div style="border: 1px solid black; padding: 5px;"> <p>NOTE: CHANGE FLORIDA ADDRESS PAUL AND VALERIE GACH 387 NETTLES BLVD. JENSEN BEACH, FL 34967-3326</p> </div>	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	387 NETTLES BLVD
14 CITY-ST-ZIP	JENSEN BEACH FL 34957-3326
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. 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

SIGNATURE: Paul Gach PAUL GACH

2-20-99

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