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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J87176 (0)

1. Corporation Name
ADVANCED REGLAZING, INC.



Principal Place of Business
% CONNIE SUE ANDREWS
170 LAKE HARRIET DR.
ALTAMONTE SPRINGS FL 32714

Mailing Address
% CONNIE SUE ANDREWS
170 LAKE HARRIET DR.
ALTAMONTE SPRINGS FL 32714-2175

3. Date Incorporated or Qualified 08/07/1987	3a. Date of Last Report 05/14/1996
4. FEI Number 59-2834248	Applied For 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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
ANDREWS, CONNIE
170 LAKE HARRIET DR
ALTAMONTE SPRINGS FL 32714

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	ANDREWS, CONNIE SUE	
STREET ADDRESS	170 LAKE HARRIET DR	
CITY- ST- ZIP	ALTAMONTE SPRINGS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ANDREWS, BRUCE	
STREET ADDRESS	170 LAKE HARRIET DR	
CITY- ST- ZIP	ALTAMONTE SPRINGS 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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002150055
6.3 STREET ADDRESS	-04/22/97--01020--005
6.4 CITY- ST- ZIP	***165.00

14. I do hereby certify that the information supplied with this filing does not differ from the information indicated on this annual report or supplemental annual report. I am an officer or director of the corporation or the receiver or trustee and my name appears in Block 12 or Block 13 if changed, or on an attachment to this report. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name is not on the list of persons who are ineligible to be officers or directors of a corporation under the exemption stated in Section 119.07(3)(i), Florida Statutes.

SIGNATURE: *Connie Andrews* **Connie Andrews** **4/10/97** **401-869-8696**

CR2E034 (9/96)