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Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90080 022 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # J87176

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/07/1987

2. Principal Place of Business  
21 961 E. Altamonte Dr.

2a. Mailing Address  
26 120 Pearl Lake Causeway

4. FEI Number  
59-2834248

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
23 Altamonte Springs, FL

27 Suite, Apt. #, etc.  
28 Altamonte Springs, FL

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing -  \$5.00 May Be Added to Fees

24 32701 25 USA

29 32714 30 USA

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

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 Andrews, Connie  
82 Street Address (P.O. Box Number is Not Acceptable) 120 Pearl Lake Causeway  
83  
84 City Altamonte Springs, FL 85 Zip Code 32714

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS  DELETE  
NAME ANDREWS, CONNIE SUE  
STREET ADDRESS 170 LAKE HARRIET DR  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

1.1 TITLE DS  Change  Addition  
1.2 NAME Andrews, Connie Sue  
1.3 STREET ADDRESS 120 Pearl Lake Causeway  
1.4 CITY-ST-ZIP Altamonte Springs, FL 32714

TITLE P  DELETE  
NAME ANDREWS, BRUCE  
STREET ADDRESS 170 LAKE HARRIET DR  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

2.1 TITLE P  Change  Addition  
2.2 NAME Andrews, Bruce  
2.3 STREET ADDRESS 120 Pearl Lake Causeway  
2.4 CITY-ST-ZIP Altamonte Springs, FL 32714

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE: *Connie Andrews* SIGNATURE: *Connie Andrews*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99  
Date

407-265-2050  
Daytime Phone #

CR2E034 (1/98)