

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K20085 (2)**

1. Corporation Name
ARC-GLASS ENTERPRISES, INC.



Principal Place of Business: **5 HAMMOND PL BOYNTON BCH FL 33462**
Mailing Address: **5 HAMMOND PL BOYNTON BCH FL 33462**

3. Date Incorporated or Qualified: **04/05/1988**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **65-0043257**
Applied For: Not Applicable
5. Certificate or Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. **510 Whitney Ave**
Suite, Apt. #, etc.: **A-1**
22. **FL**
City & State
23. **Lantana FL**
Zip: **33462** Country: **USA**
24. **33462** 25. **USA**
2a. Mailing Address
26. **510 Whitney Ave**
Suite, Apt. #, etc.: **A-1**
27. **FL**
City & State
28. **Lantana FL**
Zip: **33462** 30. **USA**

9. Name and Address of Current Registered Agent
MACDERMOTT, JIM
5 HAMMOND PL
BOYNTON BCH FL 33462

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 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. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACDERMOTT, JIM	12. NAME	Treasurer / Secretary
STREET ADDRESS	5 HAMMOND PL	13. STREET ADDRESS	James, MacDermott III
CITY - ST - ZIP	BOYNTON BCH FL	14. CITY - ST - ZIP	5 Hammond Pl
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22. NAME	Vice President of Field Op.
STREET ADDRESS		23. STREET ADDRESS	John McLean III
CITY - ST - ZIP		24. CITY - ST - ZIP	5 Hammond Pl
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	Boynton Bch, FL 33462
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		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)(k), 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: *James MacDermott III* / Treasurer **James MacDermott III** 4/30/96 407-962-3946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)