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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K20085

ARC-GLASS ENTERPRISES, INC.

(2)

FILED May 15 1997 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			
510 WHITNEY SUITE A-1 LANTANA FL	AVENUE	510 WHITNEY AVENUE SUITE A-1 LANTANA FL 33462-1649 US		2. Deta la conservativa de O. el Vista	
				3. Date Incorporated or Qualified 04/05/1988	3a. Date of Last Report 05/01/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.		Suite, Apt. #, etc.		65-0043257	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	6	City & State		6. Election Campaign Financing	\$5.00 May Be
23 <u>Lan</u> Zip	Country	28		Trust Fund Contribution	Added to Fees
24 7334		Zip 29	Country 30	8. This corporation has liability for i	ntangible tax under s. 199.032,] Yes = [] No
	9. Name and Address of Curre		[30]	10. Name and Address of New Re	
MAC	CDERMOTT, JIM		81 Name ~	ames MacDelmott	
5 HAMMOND PL BOYNTON BCH FL 33462				et Address (P.O. Box Number is Not Acceptable)	
				Nouticle way	j
			83	/	
			B4 City	1.	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statuti	es, the above-named cor	poration submits this statement for the p	urpose of observer to recorder of
Onice or r	egistered agent, or both, in the State im familiar with and accept the oblig	e of Florida. Such chande was a	authorized by the corpora	fion's board of directors. I hereby accep	the appointment as registered
SIGNATURE	helle	= James Ma		, Ч ,	23/57
	Signature, typod or printed name of registered ag	ont and tale of applicable (NOTE	E. Rugisfored Agent signature requ		
12.	_ ~	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
NAME	DP MACDERMOTT, JIM	€ better	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	5 HAMMOND PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL		1.4 CITY - ST - ZIP		
TITLE	TS	☐ DELETE	2.1 TITLE		Change Addition
NAME	MACDERMOTT, JAMES I		2.2 NAME		
STREET ADDRESS	5 HAMMOND PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL	Therese	2. 4 CITY - ST - ZIP		
TITLE	VPFO	☐ DELE1E	3 1 TITLE		☐ Change ☐ Addition
NAME Street address	MCLEAN, JOHN I 5 HAMMOND PL		3 2 NAME		
CITY-ST-ZIP	BOYNTON BCH FL		33 STHEET ADDRESS 34 CITY-ST-ZIP		
TITLE	DOTINION BOTTLE	DELETE	41 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 Cilly-St-ZiP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 City - \$1 - 7iP		Change Addaine
NAME			6.1 TITLE 6.2 NAME		Change L Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - \$1 - ZIP		
14. I do herel	by certify that the information supplie	d with this filing does not qualif	v for the exemption state	d in Section 119.07(3)(i). Florida Statutes	. I further certify that the
l am an o	on indicated on this annual report or s	supplemental annual report is tr r the receiver or trustee empow	rue and accurate and tha ered to execute this repo	t my signature shall have the same legal rt as required by Chapter 607, Florida St	offeet on if made under eath, the