

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # K58696  
1. Corporation Name  
ENGINEERED GLASS SYSTEMS, INC.

(1)



Principal Place of Business

Mailing Address

% GARY ZACK  
2501 PARK LANE  
PEMBROKE PARK FL 33009

% GARY ZACK  
2501 PARK LANE  
PEMBROKE PARK FL 33009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3133 SW 25th Street

Suite, Apt. #, etc.

22 City & State

23 Pembroke Park, Florida

24 Zip 33009-3071

25 Country USA

2a. Mailing Address

26 3133 SW 25th Street

Suite, Apt. #, etc.

27 City & State

28 Pembroke Park, Florida

29 Zip 33009-3071

30 Country USA

3. Date Incorporated or Qualified

01/16/1989

4. FEI Number

65-0095491

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ZACK, GARY  
2501 PARK LANE  
PEMBROKE PARK FL 33009

10. Name and Address of New Registered Agent

81 Name

Zack, Gary

82

Street Address (P.O. Box Number is Not Acceptable)  
3133 SW 25th Street

83

84

City  
Pembroke Park

FL

85

Zip Code  
33009

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

TITLE PD ☐ DELETE

NAME ZACK, GARY  
STREET ADDRESS 11326 SW 11 STREET  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE STD ☐ DELETE

NAME LAVIOLETTE, ROBERT R.  
STREET ADDRESS 4905 SW 90TH AVE.  
CITY-ST-ZIP COOPER CITY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE

GARY ZACK

4/27/98

10541964-1441

CR2E034 (10/97)