

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

FILED

Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K90516** (1)

1. Corporation Name
PRECISION AUTO GLASS, INC.

Principal Place of Business 5280 10 AVE N 1830 HYPOLUXO RD A-15 GREENACRES FL 33463 US	Mailing Address 5280 10 AVE N PO BOX 4066 GREEN ACRES FL 33463-2060 US
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2. Principal Place of Business 21 5280 10 AVE N. Suite, Apt. #, etc. 22 GREENACRES FL. City & State 23 33463 Zip 24 Country		2a. Mailing Address 26 5280 10 AVE N. Suite, Apt. #, etc. 27 GREEN ACRES FL. City & State 28 33463 Zip 29 Country		3. Date Incorporated or Qualified 05/24/1989	3a. Date of Last Report 04/05/1996
4. FEI Number 65-0118705		Applied For <input type="checkbox"/> 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			

9. Name and Address of Current Registered Agent KURTAGIC, CARL 8051 ROSE MARIE CIRCLE BOYNTON BEACH FL 33437				10. Name and Address of New Registered Agent 81 Name KURTAGIC CARL 82 Street Address (P.O. Box Number is Not Acceptable) 8063 ROSE MARIE CIR. 83 Boynton Bch. 84 City FL 85 Zip Code 33437			
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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]* (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KURTAGIC, CARL			1.2 NAME	KURTAGIC CARL		
STREET ADDRESS	8051 ROSE MARIE CIR			1.3 STREET ADDRESS	8063 ROSE MARIE CIR.		
CITY-ST-ZIP	BOYNTON BEACH FL			1.4 CITY-ST-ZIP	BOYNTON Bch. FL 33437		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KURTAGIC, MICHAEL			2.2 NAME			
STREET ADDRESS	8051 ROSE MARIE CIR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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: *Carl Kurtagic* - CARL KURTAGIC 3-14-97 561-965-5373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)