

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

FILED
Mar 26 1997 8:00am
Secretary of State

DOCUMENT # **L21919** (0)
1. Corporation Name
ARCHITECTURAL ALUMINUM & GLASS CONTRACTORS, INC.



Principal Place of Business

15450 NW 34TH AVE
MIAMI FL 33054
US

Mailing Address

15450 NW 34TH AVE
MIAMI FL 33054-2480
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

10/11/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0147932

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CARTER, JOHN R
15450 NW 34H AVE
MIAMI FL 33054

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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

By person type and print name of person who signed this statement

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE PD	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME CARTER, JOHN R.	13.2 NAME
12.3 STREET ADDRESS 15450 NW 34TH AVE	13.3 STREET ADDRESS
12.4 CITY-STATE-ZIP MIAMI FL	13.4 CITY-STATE-ZIP
12.5 TITLE VTD	13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME VERNON, IRENE	13.6 NAME
12.7 STREET ADDRESS 15450 NW 34TH AVE	13.7 STREET ADDRESS
12.8 CITY-STATE-ZIP MIAMI FL	13.8 CITY-STATE-ZIP
12.9 TITLE <input type="checkbox"/> DELETE	13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	13.10 NAME
12.11 STREET ADDRESS	13.11 STREET ADDRESS
12.12 CITY-STATE-ZIP	13.12 CITY-STATE-ZIP
12.13 TITLE <input type="checkbox"/> DELETE	13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	13.14 NAME
12.15 STREET ADDRESS	13.15 STREET ADDRESS
12.16 CITY-STATE-ZIP	13.16 CITY-STATE-ZIP
12.17 TITLE <input type="checkbox"/> DELETE	13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME	13.18 NAME
12.19 STREET ADDRESS	13.19 STREET ADDRESS
12.20 CITY-STATE-ZIP	13.20 CITY-STATE-ZIP
12.21 TITLE <input type="checkbox"/> DELETE	13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME	13.22 NAME
12.23 STREET ADDRESS	13.23 STREET ADDRESS
12.24 CITY-STATE-ZIP	13.24 CITY-STATE-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 contained 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:

SIGNATURE (DO NOT TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

02/20/97 305-681-6849

CR2E034 (9/96)