

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **L37495** (3)
1. Corporation Name
MAGSAM GLASS, INC.



Principal Place of Business 4840-C OLD WINTER GARDEN ROAD ORLANDO FL 32811	Mailing Address 4840-C OLD WINTER GARDEN ROAD ORLANDO FL 32811-1784
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1989	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number 59-2997099	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	25. Country	29. Country	30. Country	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 MAGSAM, RUSSEL D. 4840-C OLD WINTER GARDEN ROAD ORLANDO FL 32811		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	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 _____
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when contesting) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	NAME
NAME	STREET ADDRESS	12. NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	13. STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		14. CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	21. TITLE	NAME
NAME	STREET ADDRESS	22. NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	23. STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		24. CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	31. TITLE	NAME
NAME	STREET ADDRESS	32. NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	33. STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		34. CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	41. TITLE	NAME
NAME	STREET ADDRESS	42. NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	43. STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		44. CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	51. TITLE	NAME
NAME	STREET ADDRESS	52. NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	53. STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		54. CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	61. TITLE	NAME
NAME	STREET ADDRESS	62. NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	63. STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		64. CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 _____

CR2E034 (9/96)