

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

96 DEC -9 PM 2:06

DOCUMENT # L69804 (7)

1. Corporation Name

THE GLASS MECHANIX OF S.W. FLA., INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

Principal Place of Business Mailing Address  
C/O DENNIS S. GOLD C/O DENNIS S. GOLD  
2335 TAMiami TRAIL NORTH, STE. 301 2335 TAMiami TRAIL NORTH, STE. 301  
NAPLES FL 33940 NAPLES FL 33940

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 2b. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
04/30/1990 08/09/1997  
4. FEI Number Applied For  
65-0193802 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

GOLD, DENNIS S.  
2335 TAMiami TRAIL NORTH  
SUITE 301  
NAPLES FL 33940

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

*Dennis S. Gold*  
Signature of registered agent and title if applicable

DENNIS S. GOLD

(NOTE: Registered Agent signature required when reinstating)

12-5-96  
DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE  
NAME GITTINS, DAVID B.  
STREET ADDRESS 2758 FOUNTAINVIEW CIR 208  
CITY - ST - ZIP NAPLES FL  
TITLE S DELETE  
NAME GITTINS, JUDITH K  
STREET ADDRESS 2758 FOUNTAINVIEW CR #208  
CITY - ST - ZIP NAPLES 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  
2.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS 300002025639--7  
2.4 CITY - ST - ZIP -12/11/96--01027--011  
3.1 TITLE \*\*\*375.00 \*\*\*325.00  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or in an attachment with an address.

SIGNATURE:

*DAVID B. GITTINS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-97  
Date

941-757-5487  
Daytime Phone #