## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 184677

(8)

1. Corporation Name  MANUFACTURED GLASS PRODUCTS, INC.  Principal Place of Business  200 RICH STREET  VENICE FL 34292  US  US				3. Date Incorporated or Qualified 3a. Date of Last Report	
				07/02/1990	01/31/1995
	Place of Business	2a. Mailing Address		4. FEI Number 65-0206587	Applied For
Suite, Ap	t. #, etc.	Suite, Apt. #, etc			Not Applicable  \$8.75 Additional
2	`	27		5. Certificate of Status Desired	Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
-Zio	Country	Zip	Country	Trust Fund Contribution  8. This corporation has liability for	Vodad to Leas
4	25	29	30		No
<del></del>	9. Name and Address of Curi	rent Registered Agent	81 Name	10. Name and Address of New F	Registered Agent
SMITH	1, CHARLES A				
	SHORE DR		82 Street Ack	dress (P.O. Box Number is Not Acceptate	ole)
OSPR	EY FL 34229		83		
			84 City		85 Zip Code
11. Pursuan or regist familiar	it to the provisions of Sections 607.05 ered agent, or both, in the State of Fle with, and accept the obligations of, Se	502 and 607.1508, Florida Sta orida. Such change was auth ection 607.0505, Florida Statu	atutes the above-pamed corro	oration submits this statement for the purad of directors. I hereby accept the app	roose of changing its registered office
or regist familiar i SIGNATURE	ered agent, or both, in the State of Fla with, and accept the obligations of, Se Signature, typed or printed name of registered ag	orida. Such change was auth ection 607.0505, Florida Stati	atutes the above-pamed corro	ard of directors. I hereby accept the app	rpose of changing its registered offic ointment as registered agent. I am
or regist familiar v SIGNATURE 112.	ered agent, or both, in the State of Flowith, and accept the obligations of, Se Signature, typed or printed name of registered ago OFFICERS A	orida. Such change was auth action 607,0505, Florida Statu gent and title if applicable	atutes, the above-named corpx orized by the corporation's boutes.  (NOTE: Registered Agent signature require	ard of directors. I hereby accept the app	rpose of changing its registered offic ointment as registered agent. I am
or regist familiar v SIGNATURE 2. TILE AME	ered agent, or both, in the State of Fliwith, and accept the obligations of, Se Signature, typed or printed name of registered agency of Flicers A P SMITH, CHARLES	orida. Such change was auth ection 607.0505, Florida Statu gent and title if applicable AND DIRECTORS	atutes, the above-named corpx orized by the corporation's boutes.  (NOTE: Registered Agent signature requirements)  13.  1.1 Ti*LF  1.2 NAME	ard of directors. I hereby accept the app	rpose of changing its registered officiontment as registered agent. I am  DATE  LICERS AND DIRECTORS IN 12
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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 cath; 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 phanged, or)on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

Date

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