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FILED
May 12 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 # L92818 (8)

1. Corporation Name
TRUMAN'S GLASS & ALUMINUM, INC.

Principal Place of Business
20815 N E 16 AVE
B18
N MIAMI BEACH FL 33179
US

Mailing Address
7550 KISMET STREET
MIRAMAR FL 33023-5947
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1721 N.W. 107 Ave

22 City & State

27 City & State
Pembroke Pines, FL

23 Zip Country

28 Zip Country

24

29 33026-2805 30 US

9. Name and Address of Current Registered Agent

BRYAN, TRUMAN S., III
7550 KISMET STREET
MIRAMAR FL 33023

3. Date Incorporated or Qualified
08/06/1990

3a. Date of Last Report
01/29/1996

4. FEI Number
65-0209935

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1721 N.W. 107 Ave

83

84 City
Pembroke Pines

FL

85 Zip Code
33026

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME BRYAN, TRUMAN S., III
STREET ADDRESS 7550 KISMET STREET
CITY-ST-ZIP MIRAMAR FL

TITLE VT ☐ DELETE

NAME BRYAN, CYNTHIA L.
STREET ADDRESS 7550 KISMET STREET
CITY-ST-ZIP MIRAMAR 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

1721 N.W. 107 Ave
Pembroke Pines, FL

33026-2805

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1721 N.W. 107 Ave
Pembroke Pines, FL

33026-2805

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

Cynthia L. Bryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0131336

CR2E034 (9/96)