

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

FILED

Feb 13 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 # M65400

(7)

1. Corporation Name

ALJANS STAINED GLASS, INC.

Principal Place of Business

900 E 1 ANASTASIA BLVD  
ST. AUGUSTINE FL 32084

Mailing Address

900 E 1 ANASTASIA BLVD  
ST. AUGUSTINE FL 32084-4620

3. Date Incorporated or Qualified

01/21/1988

3a. Date of Last Report

01/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2873946

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

MALITZ, ALBERT A.  
900 C ANASTASIA BLVD.  
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

SAME

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

900 E 1 ANASTASIA BLVD

83

84 City

SAME

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	MALITZ, ALBERT A.	
STREET ADDRESS	3217 TURTLE CREEK RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	V/P	DELETE
NAME	MALITZ, DAVID	
STREET ADDRESS	3217 TURTLE CREEK RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	T	DELETE
NAME	MALITZ, JANICE M	
STREET ADDRESS	3217 TURTLE CREEK RD	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	S	DELETE
NAME	MALITZ TERRY B	
STREET ADDRESS	48 PRADO AVE	
CITY-ST-ZIP	ST.AUG FL 32084	
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		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
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 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:

Albert A. Malitz

2/10/97

904/824-6417

0016924

CR2E034 (9/96)