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FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/21/1988

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**MALITZ, ALBERT A.
900 E1 AMASTASIA BLVD.
ST. AUGUSTINE FL 32084**

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

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 ☐ DELETE

NAME
P MALITZ, ALBERT A.
STREET ADDRESS
~~3217 TURTLE CREEK RD.~~
CITY-ST-ZIP
ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME
V/P MALITZ, DAVID
STREET ADDRESS
3217 TURTLE CREEK RD.
CITY-ST-ZIP
ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME
T MALITZ, JANICE M
STREET ADDRESS
~~3217 TURTLE CREEK RD~~
CITY-ST-ZIP
ST AUGUSTINE FL 32084

TITLE ☒ DELETE

NAME
S 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

**1140 BAY FOREST RD.
ST. AUG. FL 32086**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**47 PALMETTO RD.
ST. AUG. 32086**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**1140 BAYFOREST RD.
ST. AUG, FL 32086**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**MALITZ, ALBERT A
1140 BAYFOREST RD.
ST. AUG., FL 32086**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, President

1/23/98

CR2E034 (10/97)