

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**  
**Aug 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P14054 (1)**  
1. Corporation Name  
**KIMBLE GLASS, INC.**

Principal Place of Business <b>537 CRYSTAL AVENUE VINELAND NJ 08360 US</b>	Mailing Address <b>537 CRYSTAL AVENUE VINELAND NJ 08360 US</b>
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DO NOT WRITE IN THIS SPACE

<b>2</b> Principal Place of Business	<b>2a</b> Mailing Address
<b>21</b>	<b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b>	<b>27</b>
City & State	City & State
<b>23</b>	<b>28</b>
Zip	Zip
Country	Country
<b>24</b>	<b>29</b>
<b>25</b>	<b>30</b>

<b>3</b> Date Incorporated or Qualified <b>04/15/1987</b>	<b>3a</b> Date of Last Report <b>04/22/1996</b>
<b>4</b> FEI Number <b>22-2784102</b>	Applied For Not Applicable
<b>5</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	VPE	<input checked="" type="checkbox"/> DELETE
NAME	MACLEAN, W.F.	
STREET ADDRESS	537 CRYSTAL AVENUE	
CITY-ST-ZIP	VINELAND NJ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PRANCKUN, J. P.	
STREET ADDRESS	537 CRYSTAL AVENUE	
CITY-ST-ZIP	VINELAND NJ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	VIGH D. A.	
STREET ADDRESS	537 CRYSTAL AVENUE	
CITY-ST-ZIP	VINELAND NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SAUERMILCH, T	
STREET ADDRESS	537 CRYSTAL AVENUE	
CITY-ST-ZIP	VINELAND NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WELLER, N.E.	
STREET ADDRESS	537 CRYSTAL AVENUE	
CITY-ST-ZIP	VINELAND NJ 08360	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	REDWINE, RICHARD	
STREET ADDRESS	537 CRYSTAL AVENUE	
CITY-ST-ZIP	VINELAND NJ	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	VPE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2</b> NAME	Vigh, D. A.	
<b>1.3</b> STREET ADDRESS	537 Crystal Avenue	
<b>1.4</b> CITY-ST-ZIP	Vineland, NJ 08360	
<b>2.1</b> TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>2.2</b> NAME	Grubb, J. M.	
<b>2.3</b> STREET ADDRESS	537 Crystal Avenue	
<b>2.4</b> CITY-ST-ZIP	Vineland, NJ 08360	
<b>3.1</b> TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>3.2</b> NAME	Hasegauer, R. P.	
<b>3.3</b> STREET ADDRESS	537 Crystal Avenue	
<b>3.4</b> CITY-ST-ZIP	Vineland, NJ 08360	
<b>4.1</b> TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>4.2</b> NAME	Rochhoff, V	
<b>4.3</b> STREET ADDRESS	537 Crystal Avenue	
<b>4.4</b> CITY-ST-ZIP	Vineland, NJ 08360	
<b>5.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME		
<b>5.3</b> STREET ADDRESS		
<b>5.4</b> CITY-ST-ZIP		
<b>6.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME		
<b>6.3</b> STREET ADDRESS		
<b>6.4</b> 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)(j), 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: *Richard Redwine* FINANCE E. WELLER 7/29/97 609/794-5577

CR2E034 (4/97)