

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 28 1996 8:00 am
Secretary of State

DOCUMENT # **P39005** (4)

1. Corporation Name
LYOYD'S AUTO GLASS, INC.



Principal Place of Business: **4206 MARTIN LUTHER KING BLVD BURNABY, BRITISH COLUMBIA TAMPA FL 33614 US**

Mailing Address: **4206 MARTIN LUTHER KING BLVD BURNABY, BRITISH COLUMBIA TAMPA FL 33614 US**

3. Date Incorporated or Qualified: **05/28/1992** 3a. Date of Last Report: **08/22/1995**

4. FEI Number: **91-1270511** 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

2. Principal Place of Business: **4206 Martin Luther King Blvd. Tampa, Florida 33614 U.S.**

2a. Mailing Address: **4710 Kingsway Burnaby, B.C. V5H 4M2 Canada**

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324**

10. Name and Address of New Registered Agent: **Michael B. Wallace 4710 Kingsway, Suite 2700 Burnaby, B.C. V5H 4M2 Canada**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: STD	NAME: SOWERBY, RONALD E	1.1 TITLE: T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4710 KINGSWAY, SUITE 2800		1.2 NAME:	
CITY-STATE-ZIP: BURNABY, B.C., CANADA	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
TITLE: PD	NAME: SKIDMORE, A. ALLAN	1.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4710 KINGSWAY, SUITE 2800		2.1 TITLE:	
CITY-STATE-ZIP: BURNABY, B.C., CANADA	<input type="checkbox"/> DELETE	2.2 NAME:	
TITLE: CD	NAME: SKIDMORE, THOMAS E.	2.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4710 KINGSWAY, SUITE 2800		2.4 CITY-STATE-ZIP:	
CITY-STATE-ZIP: BURNABY, B.C., CANADA	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:		4.2 NAME:	S
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	Michael B. Wallace
TITLE:	NAME:	4.4 CITY-STATE-ZIP:	4710 Kingsway, Suite 2700
STREET ADDRESS:		5.1 TITLE:	Burnaby, B.C. V5H 4M2 Canada
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	5.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:		5.4 CITY-STATE-ZIP:	
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	6.4 CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Michael B. Wallace Secretary Feb 14/96 604-439-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Phone #

CR2E034 (12/95)