OCUMENT # P40848         MASSACHUSETTS GLASS SERVICE, INC.         Interpretation harms         Sole Control Business         Sole April A ref.         Sole	PROFIT CORPORATION ANNUAL REPOR <b>1999</b>	RT Contraction		i <b>ne Harri</b> ry of State	6	· · · · · · · · · · · · · · · · · · ·	999 8:00ai y of State		
Integrate Processor     Mailing Address       SCONVOOD DR STE 100 NARA HILS CA 91921 US     SUBS CONVOOD DR STE 100 NACQUIRA HILS CA 91921 US     Do NOT WRITE IN THIS SPACE       International Processor     Za. Mailing Address     4. FEI Number     Applied For 10(E)(F19322)       Printpial Pleas of Business     Za. Mailing Address     4. FEI Number     Applied For       Stein, Apt. #, etc.     Za. Mailing Address     4. FEI Number     Applied For       City & State     City & State     Stein, Apt. #, etc.     S. Certificate of Status Desired     Rear Required       Zip     Country     Zip     Country     E. Certificate of Status Desired     Rear Required       Zip     Country     Zip     Country     E. This cooporation over status Desired     Rear Required       Zip     Country     Zip     Country     E. This cooporation over status Departy Tax.     Visit One       DELOAN, SHAPRON     Steef Address (P.O. Box Number is Not Acceptable)     Steef Address (P.O. Box Number is Not Acceptable)     Steef Address (P.O. Box Number is Not Acceptable)       POMPANO BEACH FL SSOG     Steef Address GP.O. Box Number is Not Acceptable)     Steef Address (P.O. Box Number is Not Acceptable)       POMPANO BEACH FL SSOG     Steef Address GP.O. Box Number is Not Acceptable)     Steef Address (P.O. Box Number is Not Acceptable)       POMPANO BEACH FL SSOG     Steef Address GP.O. Box Registered Agant	Corporation Name		INC.						
International Index Notational     28     Suite     95-4263946     International       Suite, Apt. #, etc.     -	5 CANWOOD DR. 100		30495 CANWOOD DR. STE 100 AGOURA HILLS CA 91301			DO NOT WRI 3. Date Incorporated or Qualifed	ITE IN THIS SPACE		
Satis Add. #, #dt.       Suite, Apt. #, #ic.       S. Cartificate of Status Desired       \$8.75 Additional         City & State       27       Cuty & State       E. EREctor Carpaign Financing.       Addition in the State of Pees         Zip       Zip       Country       8.116 acportation comparison financing.       Addition in the State of Pees         Zip       Zip       Country       8.116 acportation comparison financing.       Addition in the State of Pees         Zip       Zip       Country       8.116 acportation country for International Address of New Registered Agent       10. Name and Address of New Registered Agent         DELCAAN, SHARRON       Ed       Street Address of Country is registered       1100 S.W. 36TH, AVE, S. 204         POMPANO BEACH FL 33069       Ed       Street Address of PO. Box Number is Not Acceptable)       Ed         Ed       City       File       [81] 2/D Code         Ed       City       File       [81] 2/D Code         Ed       City       State Address of Comparison of Address of Com	Principal Place of Business		2a. Mailing Address			4. FEI Number			
27       Securitization       Fee Required       Fee Required         City & State       City & State       S. 200, May, Be.         Zip       Country       Zip       Country       S. 200, May, Be.         Zip       Zip       Country       Zip       Country       S. 200, May, Be.         Zip       Zip       Country       Zip       Country       Name and Address of New Registered Agent       Added to Fees         State       State       State       State       State       Name       Address of New Registered Agent         State       State       State       State       State       State       State         DELOIAN, SHARRON       State       <			the second se				_ \$8.75 Å		
Zp         Country         Zip         Country         Zip         Country         Added to Fees           2p         Country         2p         30         Inscorporation ows the ourmat year Intangolic         Yes         No           3. Name and Address of Current Registered Agent         31         Name and Address of Name Registered Agent         31         Name and Address of Name Registered Agent           1100 SW 301H AVE, 5 204         81         Name         Street Address (P.O. Box Number is Not Acceptable)           90MPAND BEACH FL 33069         82         Street Address (P.O. Box Number is Not Acceptable)         82           1100 SW 301H AVE, 5 204         83         Street Address (P.O. Box Number is Not Acceptable)         83           1100 SW 301H AVE, 5 204         82         Street Address (P.O. Box Number is Not Acceptable)         83           1100 SW 301H AVE, 5 204         94         City         FL         83         Zip Code           1100 SW 301H AVE, 5 204         960 Statuses, the above-named corporation submits the statement for the purpose of changing its registered         33         The statement for the purpose of changing its registered           120 Statuses, the above named apent of the registered Agent of the corporation submits the statement for the purpose of changing its registered         100E Englistered Agent of the corporation submits the statement for the purpose of changing its registered		· · · · · · · · · · · · · · · · · · ·	27			5. Certifcate of Status Desired			
Zip       Country       Zip       Country       8. The scoperation overs the current year Intergible Personal Property Tax.       Yes       No         9. Name and Address of Current Registered Agent       0. Name and Address of New Registered Agent       81       Name         DELOIAN, SHARRON       81       Name       0. Name and Address of New Registered Agent       81         DELOIAN, SHARRON       81       Name       0. Name and Address of New Registered Agent       81         DELOIAN, SHARRON       82       Street Address (P.O. Box Number is Not Acceptable)       82       20       20         POMPANO BEACH FL 33069       84       Ory       84       0. Name and Address of New Registered Agent       81       20	City & State			-					
Image and Address of Current Registered Agent     Ide     Image and Address of Current Registered Agent     Ide     Ide	· · · · · ·	Country	Zip		try		· ·	□No	
DELCIAN, SHARNON     1180 S.W. 36TH AVE, S-204     POMPANO BEACH FL 33069     82     Street Address (P.O. Box Number is Not Acceptable)     83     84     City     FL     85     20     20     Code     8		d Address of Current I	1,		·····				
Add 1160 (S.W. (35TH AVE.): S.204       Image: S.204         POMPANO BEACH FL 33069       B3         B3       B4         CRy       FL         B4       CRy         CRY       DELETE         1100       DELETE         1100       DELETE         11100       CRY					81 Name				
B4       City       FL       Set Zip Code         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       Set Zip Code         registed and accorporation of Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered       Set Zip Code         NATURE       Section 607 0505, Florida Statutes,       NOTE: Registered Agent sprater registered registered registered registered registered approximation of Section 607 0505, Florida Statutes,       DATE         Section 607 0505, Florida Statutes,       NOTE: Registered Agent sprater registered registere registered registere registered regist	1180 S.W. 36TH A	VE. S-204	PIC .		82 Street Add	ress (P.O. Box Number is Not Accepta	able)		
Plana to be provisions of Sactions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Saction 607 0505, Florida Statutes. NATURE  Sequence, spead or panted name of registered dire if acquitable. (NOTE Registered admit registered admit registered admit and accept the obligations of, Saction 607 0505, Florida Statutes. NATURE  Sequence, spead or panted name of registered dire if acquitable. (NOTE Registered Admit registered admit registered admit and accept the obligations of, Saction 607 0505, Florida Statutes.  NATURE  Sequence, spead or panted name of registered dire if acquitable. (NOTE Registered Admit registered admit registered admit and accept the obligation of the ETORS IN 12  OFFICERS AND DIRECTORS IN 12  CP0  NITCHEL, LAWRENCE T.  I as meet Address I acquitable. (NOTE Registered Addresses I WESTCHESTER IL  I COLLER  State I Address I WESTBROOK CORP. CENTER  State I Address I WESTCHESTER IL  I COLLER  I I I DELETE  I I II E  I I I I I I I I I I I I I I							11 14 1A 3 B 18 1 B 18 1 B 1 B 14 14 19 19 19 19 19	1/ 2/ 1/ 1/ 1/ 1/ 1/	
Providence of Sections 607.0502 and 607.1508.Florida Statutes, the above-named corporation submits this statement for the puppose of changing its registered agent, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505.Florida Statutes.  NATURE  Bigwave, upped or printed name of registered agent and the # registered in the manuface);				F	83				
NATURE       DATE         OFFICERS AND DIRECTORS       13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         OFFICERS AND DIRECTORS       13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         CPD       DELETE       11 TITLE         CHARGES         VPD       DELETE       21 MARE         STORET ADDRESS         STORET ADDRESS <th col<="" th=""><th>POMPANO BEACH</th><th>I FL 33069</th><th>••••••</th><th>-</th><th>84 City</th><th></th><th>FL     ·</th><th></th></th>	<th>POMPANO BEACH</th> <th>I FL 33069</th> <th>••••••</th> <th>-</th> <th>84 City</th> <th></th> <th>FL     ·</th> <th></th>	POMPANO BEACH	I FL 33069	••••••	-	84 City		FL     ·	
Signature, type of printed signer and the flegaleable.       (NOTE: Regretand Agent agrinut with flegaleable.       (NOTE: Regretand Agent agrinut with flegaleable.       (DATE            OFFICEERS AND DIRECTORS        I 3.       ADDITIONSCHANGES TO OFFICEERS AND DIRECTORS IN 12             E       CPD        IDELETE        11 TITLE        IDELETE        Change        Addition             EFF ADDRESS        IWESTCHESTER IL        IDELETE        13 TITLE        IDELETE        Addition             Sist 2p        WESTCHESTER IL        IDELETE        12 NAME        IDELETE	POMPANO BEACH	s of Sections 607.0502 a	Florida Such change was a	tes, the ab	84 City	poration submits this statement for the on's board of directors. I hereby acce	FL	registered	
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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	POMPANO BEACH Pursuant to the provision: diffee or registered agent agent II am familiar with, NATURE Signeture, typed or p ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	I FL 33069 a of Sections 607.0502 i or both, in the State of and accept the obligatio inted name of registered agent a OFFICERS AND WRENCE T. OK CORP. CENTER TER IL SANNA OK CORP. CENTER TER IL VOREA OK CORP. CENTER TER IL (I, JANET M. OK CORP. CENTER TER IL	Florida: Such change was a ins: of; Section 607.0505; Florence DIRECTORS DELETE	Ees, the ab suthorized rida Statu 13. 1.1 TIT 1.2 NA 1.3 STR 1.4 CIT 2.1 TIT 2.2 NA 2.3 STR 2.4 CIT 3.1 TIT 3.2 NA 3.3 STT 3.4. CIT 4.1 TIT 4.2 NA 4.3 STT 5.1 TIT 5.2 NA 5.3 ST 5.4 CIT 6.1 TIT 6.2 NA	84     City       ove-named corporatiles.       igent signature require       igent signature require       ies.	ad when reinstating);; { ( ) ; / ADDITIONS/CHANGES TO OF	FL         a purpose of changing its pit the appointment as requirement as requirement.         DATE         FICERS AND DIRECTO         Change         Change	RS IN 12 Addition	