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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000007825 (1)

1. Corporation Name

ADVENTURE GLASS, INC.



Principal Place of Business

37 N ORANGE BLOSSOM TR
ORLANDO FL 32805

Mailing Address

37 N ORANGE BLOSSOM TR
ORLANDO FL 32805

3. Date Incorporated or Qualified
01/25/1993

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TANNERY, DEBORAH R
16433 EAST SHIRLEY SHORES ROAD
TAVARES FL 32778

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 607.0507 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 607.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and when applicable, date

Signature, typed or printed name of registered agent and when applicable, date

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME TANNERY DEBORAH R
STREET ADDRESS 16433 EAST SHIRLEY SHORES ROAD
CITY-ST-ZIP TAVARES FL

TITLE V
NAME DYER JEFF L
STREET ADDRESS 5100 NEPONEST DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE ST
NAME REDMON LEE C
STREET ADDRESS 2303 FOXBORO COURT
CITY-ST-ZIP MT DORA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ST
3.2 NAME TANNERY, DEBORAH R.
3.3 STREET ADDRESS 16433 EAST SHIRLEY SHORES ROAD
3.4 CITY-ST-ZIP TAVARES, FL. 32778

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH R. TANNERY 04/17/96 (407)843-8858

Date

Daytime Phone #

CR2E034 (12/95)