FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

14. I do hereby certify that the information information indicated on this annual rep I am an officer or director of the corpora



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000040644 (5)

ARCHITECTURAL METALS AND GLASS, INC.

FILED
Apr 23 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address											
7521 ALUMINUM ROAD #3 FT. MYERS FL 33918 US			PO BOX 3594 FT. MYERS FL 3391B-3594 US				:				
								3. Date Incorporated or Qualified 06/08/1993		a. Date of Lást Report 03/08/1996	
2. Principal P	lace of Business	2a 26						4. FEI Number 65-0422448	Applied For Not Applicable		
Suite, Apt. #. etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required			
City & State			City & State					6. Election Campaign Financing Trust Fund Contribution Added to Fees			
Zip Country 24 25			Zip Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Curr	ent Hegis	tered Agent	-,	81		Varne	10. Name and Address of New He	gisterea	Agent	· · · · · · · · · · · · · · · · · · ·
KUSHNER, STEVEN P.					"	['	varrie				
1375	VEN P. KUSHNER, PA 5 JACKSON ST, STE 202				82		Street Addres	ss (P.O. Box Number is Not Acceptal	ola)		
FT. I	MYERS FL 33901				83		Dity			85 Zip	Code
					04		JILY		FL	- 63 ZIP	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta im familiar with, and accopt the obl	502 and 6 de of Flori igations o	07.1508, Florida Statu da. Such change was f, Section 607.0505, F	ites, the authoriz lorida St	abovi red by atutes	e-n y th	amed corpo le corporatio	ration submits this statement for the prints board of directors. I hereby accept	ourpose o	of changing in pointment as	its registered s registered
SIGNATURE	Signature, typod or printed name of registered a					ent s	gnature required	d when reinstaling)	DATE.		
12.	OFFICERS A	ND DIRE		1				ADDITIONS/CHANGES TO OFFICE	DERS AN		
TITLE	D D		☐ DELFTE		TALE					Change	☐ Addition
NAME	FRIEDMAN, BARRY 7521 ALUMINUM ROAD #3				NAME						
STREET ADDRESS	FT. MYERS FL				STREET						
CITY-ST-ZIP	FI. MIENS FL		DELETE		CHIYES	SI-2	<u> </u>			Channe	Addition
TALE			רון מנונונ		TITLE					Change	Addition
NAME					NAME	~					
STREET ADDRESS					STREET		1				
CITY-ST-ZIP			DELETE		TIBLE	S)	ZIP		-	Change	Addition
NAME			ET DECEM	- 1	NAME		1			□ outunge	C
STREET ADDRESS				1	STREET) Afti	nbree				
CITY-ST-ZIP					. CITY-:		1				
TITLE			DELETE		TITLE	01-7	1			Change	Addition
NAME			4 2		4 2 NAME					_ •	_
STREET ADDRESS					STREFT		DRESS				
CITY-ST-ZIP					CITY-S						
TITLE			DELETE			201				Change	Addition
NAME					NAMê					•	
STREET ADDRESS					STREET		DRESS				
CITY-ST-ZIP				ı	CHY-S						
TITLE			DELETE		TITLE					Change	Addition
NAME				6.2	NAME					,	
STREET ADDRESS	1 '				STREET		DRESS				

6.4 CITY - ST - ZIP

pplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the At or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that two or the receiver or true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name