

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

94 JUN 24 PM 12: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jrm Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000042972 (8)**

1. Corporation Name
ECONO GLASS SYSTEMS INC.

Mailing Address
**7214 N. DALE MABRY HWY
TAMPA FL 33614**

Principal Place of Business
**7214 N. DALE MABRY HWY
TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below		3. Date Incorporated or Qualified 06/10/1993	3a. Date of Last Report
2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Principal Place of Business 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 59-3189644	Applied For Not Applicable
		5. Certificate of Status Desired \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MIDULLA THOMAS E 3707 VILLAGE ESTATES PLACE TAMPA FL 33618				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) (14)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D STETHUMS JERIS M	1.1 TITLE	D
1.2 NAME	3721 VILLAGE ESTATES PL	1.2 NAME	STETHUMS JOHN M.
1.3 STREET ADDRESS	TAMPA FL 33618	1.3 STREET ADDRESS	2088 ALTON RD.
1.4 CITY - ST - ZIP	TAMPA FL 33618	1.4 CITY - ST - ZIP	Miami FL 33140
2.1 TITLE	D HEINCEIN ROBERT A	2.1 TITLE	
2.2 NAME	15917 DOWER CLIFF DR. DELETE	2.2 NAME	
2.3 STREET ADDRESS	TAMPA FL 33624	2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	TAMPA FL 33624	2.4 CITY - ST - ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	JST
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		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 191.02(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental filing 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 associate this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR