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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

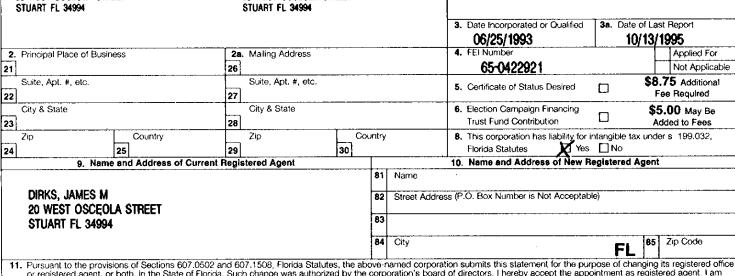
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P93000046624 (1)

STUART STAINED GLASS, INC.

Principal Place of Business 20 WEST OSCEOLA STREET Mailing Address

20 WEST OSCEOLA STREET STUART FL 34994



1. 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.

		Registered Agent signature required when renstating? DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	,	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	[] הנגנונ	1. 1 TITLE	C) crange C) youron
NAME	DIRKS, JAMES M		1.2 NAME	
STREET ADDRESS	1189 PRESTON LANE		1.3 STREFT ADDRESS	
CITY - ST - ZIP	PORT ST. LUCIE FL 34983		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	DIRKS, TERESITA B		22 NAME	
STREET ADDRESS	1189 PRESTON LANE		2.3 STREET ADDRESS	
C(TY - ST - ZIP	PORT ST. LUCIE FL 34983		24 CITY-ST-ZIP	
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TITLE		☐ DELETE	5. 1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6. 1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
01714 07 710			CACITY CT 7ID	

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 cath; that I am an officer or director of the corporation or the receiver or fursitee 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 addition. arriual report is true and accurate and that my signature shall have the same legal effect as if made under ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

CR2E034 (12/95)