FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 25 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P93000050446 (2)

1. Corporation Name
ADVANCED GLASS PROTECTION, INC

Principal Place of Business
10256 NW 47 ST.
SUNRISE, FLA 33351
US

Mailing Address
10256 NW 47 ST.
SUNRISE, FLA 33351
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/13/1993
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0424173 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
TAMMARO, ROBERT
11642 N.W. 13 MANOR
CORAL SPRINGS, FLA 33071

10. Name and Address of New Registered Agent
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 607.0502 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when resigning — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD+T	1.1 TITLE	☐ Change ☐ Addition
NAME	TAMMARO, ROBERT	1.2 NAME	
STREET ADDRESS	11642 N.W. 13 MANOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FLA 33071	1.4 CITY-ST-ZIP	
TITLE	VPD+SEC.	2.1 TITLE	☐ Change ☐ Addition
NAME	KOLTUN, ADRIAN B	2.2 NAME	
STREET ADDRESS	4101 HIBIUS ROAD #114	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FLA 33351	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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

4/4/1995 — Date
305-749-5456 — Daytime Phone #

KM
4-25-95