

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

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

**DOCUMENT # P93000059132 (9)**

1. Corporation Name  
**ALL PRO GLASS, INC.**



Principal Place of Business: **K-1 INDUSTRIAL PARK DESTIN FL 32541**  
Mailing Address: **K-1 INDUSTRIAL PARK DESTIN FL 32541-2704**

3. Date Incorporated or Qualified: **08/19/1993**  
3a. Date of Last Report: **02/02/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		<b>59-3198150</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
22		27		<input checked="" type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	25	29	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**HAMMERSCHMIDT, INDIRA T  
K-1 INDUSTRIAL PARK  
DESTIN FL 32541**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
<b>FL</b>	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's signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HAMMERSCHMIDT, INDIRA T</b>	
STREET ADDRESS	<b>K-1 INDUSTRIAL PARK</b>	
CITY-ST-ZIP	<b>DESTIN FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>HAMMERSCHMIDT, RICHARD A</b>	
STREET ADDRESS	<b>K-1 INDUSTRIAL PARK</b>	
CITY-ST-ZIP	<b>DESTIN FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TANGARI, MARINA</b>	
STREET ADDRESS	<b>8301 S.W. 142ND AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ELOY, ANDREA</b>	
STREET ADDRESS	<b>7419 SECOND AVE 2ND FLOOR</b>	
CITY-ST-ZIP	<b>NORTH BERGEN NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TANGARI, MARIA</b>	
STREET ADDRESS	<b>401 69TH STREET APT 7P</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Handwritten Signature]* Date: **4/3/97** **9048375088**

CR2E034 (9/96)