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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9400027545 (0)

ALL GLASS & SHUTTER WORKS INC.

Principal Place	Place of Business Mailing Address								
•	IXIE HIGHWAY EAST	1000 SOUTH DIXIE HIGHWA BAY 203	1000 SOUTH DIXIE HIGHWAY EAST						
						 Date Incorporated or Qualified 04/08/1994 	ſ	le of Last R 8/1996	teport
2. Principal Place of Business 2a. Mailing Addre						4. FEI Number		+ -	oplied For
Sulte, Apt.	# etc	26	Suite Apl H etc			65-0485655			ot Applicab
2	π, οις.	27				5. Certificate of Status Desired			Additional equired
City & State	9	City & State	4 · · · · · · · · · · · · · · · ·			6. Election Campaign Financing		·	May Be
3		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for			. 199.032
4	25	29	30				Yes _		
- PAN	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Re	Jistered A	gent	
	K, JOHN C III) so uth dixie highway east	-	ļ						
BAY				82	Street Addi	ress (P.O. Box Number is Not Acceptable)			
	IPANO BEACH FL 33060			83					
, 011	,, , , , , , , , , , , , , , , , , , ,		ļ		67			1221 20	
				84	City		FL	85 Zip i	Code
SIGNATURE	Signature, typed or printed name of registered at	pent and title if applicable (NOTE	Registered	1 Age	nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTOR	
TITLE	D	DELETE	1.1] [LE.		ADDITIONO/OTIANGEO TO OTTIC		Change	Additio
NAME !	PARK, JOHN C III			ME			•	_ •	
STREET ADDRESS	1000 SOUTH DIXIE HIGHWAY	' EAST, BAY 203	1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33060		1.4 Cr	1.4 CITY - ST - ZIP					
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NAME			2.2 NA						
STREET ADDRESS					ADDRESS				
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NAME		hand varers	3.2 NA		}		,	and Comings	
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STREET ADDRESS					ADDRESS				
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NAME:			6.2 NA	ME	1				
STREET ADDRESS			6.3 \$1	REET	ADDRESS				
CITY-ST-ZIP			64 CI	_					
informatio	n indicated on this annual report or	supplemental annual report is to or the receiver or trustee empow	rue and a ered to e	iccu	rate and that	d in Section 119.07(3)(i), Florida Statute I my signature shall have the same lega rt as required by Chapter 607, Florida S	l effect as	if made un	ider oath: t

SIGNATURE: JOHN CON ACK THE 4/15/97 954-783-43/0