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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P94000047451 (7)

AHI-Z	GLASS STUDIO, INC.				
Principal Place of Business Mailing Address				- I TADITADI ING TATIT BIRTH BOTH BOTH BOTH BOTH BOTH BOTH	JESH 6180) BIIDI IJSH 1881
105 C. HWY 301 S. 105 C. HWY 301 S. TAMPA FL 33619				DO NOT WRITE IN THIS S	DACE
				3. Date Incorporated or Qualified	PAGE
				06/24/1994	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3253691	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		a, Continuate of States Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	<b>28</b> Zip	Country	Trust Fund Contribution	Added to Fees
24 Zip	25	`	30 Country	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible ]Yes  ፟፟ No
24	g. Name and Address of Curr		[30]	10. Name and Address of New Registered A	
ZSUFFA, MARY M 81 Name					
6307 LAKE SUNRISE DRIVE APOLLO BEACH FL 33572			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
			5tieet Addi	less (F.O. Box Number is Not Acceptable)	
			63		
			84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpora office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation				poration submits this statement for the purpose of	changing its registered
office or i agent. I a	registered agent, or both, in the Sta im <b>fa</b> miliar with, an <b>d a</b> ccept the obl	te of Florida. Such change was a igations of, Section 607.0505, Flo	iuthorized by the corporat irida Statutes.	lion's board of directors. I hereby accept the appo	intment as registered
SIGNATURE					
40	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE  ND DIRECTORS	Registered Agent signature requi		DIRECTORS IN 40
12.	P OFFICENS A	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	ZSUFFA, MARY M		1.2 NAME	•	
STREET ADDRESS	6307 LAKE SUNRISE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH FL 33572		1.4 CITY - ST - ZIP		
TITLE	VPST	☐ DELETE	2.1 TITLE		Change Addition
NAME	ARTUS, MARTHA A		2.2 NAME		
STREET ADDRESS	4611 LAFORCE ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL 33541		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELE <b>te</b>	4.1 TITLE	i	Change Addition
NAME		•	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP	·····	To Tains
TITLE		DELETE	5.1 TITLE	ι	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<del></del>	DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		L_ OLLETE	6.1 TITLE	L	The The Many (DU)
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CHILL NODE 1			■ 0.3 0 (DELL ADDITES) 1		I

14. I 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 by the receiver or trustee approximated 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 the corporation with an address.

6.4 CITY-ST-ZIP

**FILED** 

Feb 18 1998 8:00am

Secretary of State