## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

P94000079793 (3)

ULTRAGLASS INC.

Principal Place of Business

Mailing Address

## FILED Apr 08 1996 8:00am Secretary of State



	ZEMONT CT NNGE FL 32127		986 BREEZEMONT CT PORT ORANGE FL 32127									
								3. Date Incorporated or 10/31/1994	Qualified	3a. Date o	f Last Re 4/18/1	
2. Principal Pia	ace of Business	2a. Maili	28. Mailing Address				4. FEI Number			<del></del>	Applied For	
21		26	26				59-328805	7		-   <sub> </sub>	Not Applicable	
Sulte, Apt. #	ŧ, etc.	Suite	Suite, Apt. #, etc.				5. Certificate of Status (				Additional	
22			27	27				5. Certificate of Status t	Jesirea		Feel	Required
Oity & State			City -	City & State				6. Election Campaign F	nancing		\$5.0	0 May Be
23			28	28			Trust Fund Contribut	ion			d to Fees	
Zip		Country	Zφ		Country			8. This corporation has liability or intangible tax under s 199.032,				
24	25				30			Florida Statutes Yes No				
	9. Name and	t Registered	Agent				10. Name and Address of New Registered Agent					
						81	Name					
LAMB, KENNETH A JR.						82	Stroot A	ddress (P.O. Box Number is No	t Áncontab	lo\		
	REEZEMONT (		62 Street Aoc			DOM SE IBOLITON XOCE .O. IJ SEBILDO	CACCEPIAN	ie;				
	ORANGE FL 3			•	83	• • • • • • • • • • • • • • • • • • • •						
10111	OIWHOL I C	2121										
						84	City			FL	85 Zip	Code
or registere	ad agent or both	f Sections 607.0502 in the State of Florid obligations of, Sect	da. Such chan	ne was autborize	s, the abo d by the c	ve-n	amed corporation's b	poration submits this statement pard of directors. I hereby acce	for the pur pt the appo	rose of chan	ging its n gistered	egistered office agent. I am
SIGNATURE _	Signature, lyped or print	ed nanie of registered agent	and little if applicable	e. (NO1)	E Flegislered	Agent	t signature reg	ulred when reinstating)		DATE		
12.		OFFICERS AN			13.			ADDITIONS/CHANGE	S TO OFF	CERS AND D	IRECTO	RS IN 12
TITLE	D			DELETE	1 1 T	TLF					Change	☐ Addition
NAME	_	NNETH A JR.			12 NA	ME				_		
STREET ADDRESS 986 BREEZEMONT CT							ADDRESS					
CITY-ST-ZIP	PORT OR		1.4 CI							ļ		
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CITY-ST-ZIP	<del></del>			<u></u>	5 4 CH	Y-ST	r- ZIP					
TITLE				DELETE	6.1 Ti	ILE					Change	Addition
NAME					6.2 NA	ME						
STREET ADDRESS					6.3 \$1	REET	ADDRESS					Ì
CITY-ST-ZIP					6.4 CIT	Y-SI	- ZiP					ļ
	cortify that the in	formation europied s	with this filing is	e voluntarily furnic				y for the examption stated in Sc	ction 110 (	77/21/IA Elorio	o Statute	on I further

1 of nereby certify that the information supplied with this faint is voluntarily turnished 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 certify 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

ONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtrne Pnone #