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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000092215 (0) ALLIED AUTO GLASS NETWORK, INC. Principal Place of Business Mailing Address 7208 ALOMA AVE P.O. BOX 149023 ORLANDO FL 32814-9023 SUITE 200 WINTER PARK FL 32792 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/21/1994 2. Principal Place of Business 2a. Mailing Address Applied For 59-3279057 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PASTERNAK, MICHAEL 665 NO. PRIMIROSE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 83 64 City 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 reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition PASTERNAK, MICHAEL 1.2 NAME 2035 ENTERPRISE OSTEEN ROAD STREET ADDRESS 1.3 STREET ADDRESS **DELTONA FL 32725** 1.4 CITY - ST- ZIP CITY - ST - ZIP DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE

NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP TITLE DELETE 41 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7/P 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ___ Addition TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 apport 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 of insteed 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: /

CITY-ST-ZIP

6.4 CITY-ST-ZIP

FILED

May 12 1998 8:00am

Secretary of State