

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION,  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000001047 (6)

1. Corporation Name

ALL FLORIDA GLASS, INC.



Principal Place of Business

1730 SW 7 AVE  
POMPANO BEACH FL 33060

Mailing Address

1730 SW 7 AVE  
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified

01/03/1995

3a. Date of Last Report

2. Principal Place of Business

21 1540 SW 7th Ave

Suite, Apt. #, etc.

2a. Mailing Address

26 1540 SW 7th Ave

Suite, Apt. #, etc.

4. FEI Number

650552860

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

23 City & State

Pompano Bch Fla

27 City & State

Pompano Bch Fla

24 Zip

33060

Country

29 Zip

33060

30 Country

9. Name and Address of Current Registered Agent

DUNCAN, KEITH  
1730 SW 7 AVE  
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name

Duncan, Keith

82

Street Address (P.O. Box Number is Not Acceptable)

1540 SW 7 AVE

83

84

City Pompano Bch

FL

85 Zip Code

33060

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 of individual registered agent and officer if applicable

(NOTE: Registered Agent's signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE P  
NAME DUNCAN, KEITH  
STREET ADDRESS 1730 SW 7 AVE  
CITY-ST-ZIP POMPANO BEACH FL 33060

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P  
12 NAME Duncan, Keith  
13 STREET ADDRESS 1540 SW 7 Ave  
14 CITY-ST-ZIP Pompano Bch Fla 33060

☒ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Keith Duncan Keith Duncan

7-20-96

(954) 783-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR