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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000003005 (2)

1. Corporation Name

PERMA GLASS ENTERPRISES, INC.



Principal Place of Business

Mailing Address

10780 B. 75TH STREET N.  
LARGO FL 34647

10780 B. 75TH STREET N.  
LARGO FL 34647

2. Principal Place of Business

2a. Mailing Address

21 10360 72nd St. N.

26 10360 72nd St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#806

#806

City & State

City & State

23 LARGO FL

28 LARGO FL

Zip

Country

Zip

Country

24 34647

25 USA

29 34647

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SACKMAN, RICHARD O  
14090 STARBOARD DRIVE  
SEMINOLE FL 34646

81 Name

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

83

84 City

FL

85 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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SACKMAN, RICHARD O  
14090 STARBOARD DRIVE  
SEMINOLE FL 34646

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
THOMPSON, JERRY  
3928 MCKAY CREEK DRIVE  
LARGO FL 34640

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Richard O. Sackman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96  
Date

818 541-1990  
Telephone Number

CR2E034 (12/95)