## 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 # 1. Corporation Name P95000003005 (2)

PERMA GLASS ENTERPRISES, INC.

## **FILED** Mar 27 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Add	ress			T 198111981 119 18181 81111 EBITE BRIEF BRIEF		/ 11 BEIDI	Esta chât
10360 72ND ST. N. #808 LARGO FL 34647		#806	10360 72ND ST. N. #806 LARGO FL 34647			DO NOT WRITE IN THIS SPACE			
US	AI.	US				3. Date Incorporated or Qualified 01/09/1995			
2. Principal Pla	ace of Business	2a, Mailing /	Address			4, FEI Number		App	lied For
21		26				59-3286716			Applicable
Suite, Apt. #	∜, etc.	Suite, Ap	ot. #, etc.			5. Certificate of Status Desired	-	.75 Ad	dditional julred
City & State		City & St	ate			<ol> <li>Election Campalgn Financing Trust Fund Contribution</li> </ol>		5.00 N dded to	
Zip	Country Zip			Country		8. This corporation owes or has paid	the cu <u>rre</u> nt ye		~ I
24	25	29	30			Personal Property Tax due June 30. Yes No			
	9. Name and Address of	Current Registered Age	ent		1	10. Name and Address of New Reg	istered Agent		
SAC	CKMAN, RICHARD O			81	Name				İ
14090 STARBOARD DRIVE SEMINOLE FL 34646				82	Street Add	et Address (P.O. Box Number is Not Acceptable)			
OLI	MINOLE 1 E 04040			83					
				84	' '		FL 85	Zip Cı	
office or re	o the provisions of Sections egistered agent, or both, in t n familiar with, and accept the	he State of Florida. Such (	change was authoria	ed b	y the corpora	poration submits this statement for the put tion's board of directors. I hereby accept	rpose of chan- the appointme	ang its ∍nt as re	registered egistered
SIGNATURE .									
	Signature, type) dior printed name of reg			<u> </u>	ent signature requ	ired when reinstating)	DATE	OTOD	1
12.		ERS AND DIRECTORS	DELETE 1.1			ADDITIONS/CHANGES TO OFFICE	CI		Addition
TITLE	D D	^		THILE			_ ·	miğo	
NAME	SACKMAN, RICHARD			NAME					<u> </u> ;
STREET ADDRESS	14090 STARBOARD D	HIVE	1		ADDRESS				1!
CITY-ST-ZIP	SEMINOLE FL 34646	· · · · · · · · · · · · · · · · · · ·		CITY-S	ST-ZIP			120/16	Addition
TITLE	D THOMPSON IFOOV	L	-	TITLE			U 0	iai iyo	
NAME	THOMPSON, JERRY	ריטויייב		NAME					
STREET ADDRESS	3928 MCKAY CREEK	UHIVE	I *		T ADDRESS				
CITY-ST-ZIP	LARGO FL 34640	Г			ST-ZIP			nanne	Addition
TITLE		L		TITLE				yu	
NAME				NAME	* * * * * * * * * * * * * * * * * * * *				
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NAME				NAME	TARRECCO				
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TITLE		Į.					·	.u.yu	
NAME				NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP	added that the information	police with this filing door		CITY-		Section 119 07(3)(i) Florida Statutes I f	urther certify th	at the i	information

indicated on this annual report or supplied with this ming does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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.