

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000005102**

1. Corporation Name

DAVIDS ECONOMY GLASS INC

Principal Place of Business

Mailing Address

**490 EAST COPANS ROAD
POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified

2-8-95

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

4. FEI Number

65-0566720

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

Country

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

- **DAVID A KRISTA**
- **490 EAST COPANS ROAD**
- **POMPANO BEACH FL 33064**

81 Name

DAVID A KRISTA

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

490 EAST COPANS RD

83

POMPANO BEACH FL

84 City

FL

85 Zip Code
33064

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

David A Krista

DAVID A KRISTA

4-18-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
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CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
11 TITLE **PRESIDENT/SECY**
12 NAME **DAVID A KRISTA**
13 STREET ADDRESS **490 EAST COPANS RD**
14 CITY, ST, ZIP **POMPANO BCH FL 33064**

☐ 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

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)(b), 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:

David A Krista
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID A KRISTA

4-18-96

DATE

(305) 781-1561

Corporate Phone #

CR2E034 (12/95)