

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000016847 (2)

1. Corporation Name

ZEDTEC GLASS CONDITIONING, INC.



Principal Place of Business

4554 CENTRAL AVE SUITE M
ST PETERSBURG FL 33711

Mailing Address

4554 CENTRAL AVE SUITE M
ST PETERSBURG FL 33711

3. Date Incorporated or Qualified
03/01/1995

3a. Date of Last Report

21. Principal Place of Business

2a. Mailing Address

21. 4554 CENTRAL AVE

2a. 4554 CENTRAL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. SUITE J

27. SUITE J

City & State

City & State

23. ST. PETERSBURG FL

28. ST. PETERSBURG FL

Zip

Country

Zip

Country

24. 33711

25. USA

29. 33711

30. USA

4. FEI Number

Applied For

59-3300268

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

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 of speed or printed name of registered agent and the corporation

Signature of Registered Agent (Signature required when submitting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME D
STREET ADDRESS SAMUEL, GWYN B
CITY-ST-ZIP 450 TREASURE ISLAND CSWY 3107
TREASURE ISLAND FL 33706

12 NAME SECRETARY
13 STREET ADDRESS ANDREW N. GRASS
14 CITY-ST-ZIP ONE WORLD TRADE CENTER #4511
NEW YORK, NEW YORK 10048

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

22 NAME T. MICHAEL O'BRIEN
23 STREET ADDRESS 381 FULWOOD ROAD
24 CITY-ST-ZIP SHEFFIELD S10 3GB UK

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

32 NAME JOHN V. LAMING
33 STREET ADDRESS PRESTON STREET, EARLSHEATON
34 CITY-ST-ZIP DEWSBURY WF12 8BU UK

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME RICHARD P. McQUINN
43 STREET ADDRESS 381 FULWOOD ROAD
44 CITY-ST-ZIP SHEFFIELD S103GB UK

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A-9-96

613-321-2797

Date: Daytime Phone

CR2E034 (12/95)