

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Jun 14 1996 8:00 am
Secretary of State

DOCUMENT # P95000049429 (0)

1. Corporation Name

TOTAL GLASS PROTECTION, INC.

Principal Place of Business

Mailing Address

1650 NW 23RD AVE.
FT. LAUDERDALE FL 33311

1650 NW 23RD AVE.
FT. LAUDERDALE FL 33311



3. Date Incorporated or Qualified

06/22/1995

3a. Date of Last Report

6/12/95

2. Principal Place of Business

27. Mailing Address

21 21346 ST. ANDREWS BLVD

27 21346 ST ANDREWS BLVD

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 BOCA RATON

27 BOCA RATON

24 ZIP

27 ZIP

25 P.B.

29 33433

26 P.B.

30 P.B.

FBI Number

65-0598036

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

9. Name and Address of Current Registered Agent

MAX, MORDCHI
1650 NW 23RD AVE.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name NEIL SEGAL
82 Street Address (P.O. Box Number is Not Acceptable) 21346 ST ANDREWS BLVD
83 SUITE 181
84 BOCA RATON FL 85 ZIP CODE 33433

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reappointing)

Date

NEIL SEGAL

6/11/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAX, MORDCHI	
STREET ADDRESS	1650 NW 23RD AVE.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	NEIL SEGAL	
13 STREET ADDRESS	21346 ST ANDREWS BLVD	
14 CITY - ST - ZIP	SUITE 181 BOCA RATON, FL 33433	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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

NEIL SEGAL

6/11/96 561 453-8664

CR2E034 (3/96)