## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) APPROVED AND PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 96 SEP - 6 PM 12: 01 1996 DIVISION OF CORPORATIONS P95000068698 (6) SECRETARY OF STATE **DOCUMENT #** TĂLLAHASSEE, FLORIDA A & G GLASS & GLAZING, INC. Principal Place of Business Mailing Address 105 ROYAL PARK DRIVE 105 ROYAL PARK DRIVE APT. 2-F APT. 2-F OAKLAND PARK FL 33309 OAKLAND PARK FL 33309 3a. Date of Last Report 3. Date Incorporated or Qualified 09/06/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 2478NFederal SA Me Not Applicable 26 Suile, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State Election Campaign Financing **\$5.00** May Be Added to Fees Trust Fund Contribution Country 25 DC 1247 1929 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name GALLOWAY, MICHAEL S 105 ROYAL PARK DR., APT. 2F Street Address (P.O. Box Number is Not Acceptable) OAKLAND PARK FL 33309 83 Zip Code Cily 85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and tile if applicable (NOTE: Registered Agent's gnature required when rematating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 12. 13. president L1 blut TITLE Sort Gallour CR2E034 NAME 1.2 NAME 105 ROYAL PAIKO MI STREET ADDRESS 1 3 STREET ADDRESS 14 CITY - ST - ZIP CITY-ST-ZIP BLG2106VL 2.1 TilliE THILE -09/18/96 --01042--024 Call auce 22 NAME NAME \*\*\*\*\*375.00 \*\*\*\*375.00 2.3 STHEET ADORESS STREET ADDRESS CITY-ST-ZIP 2 4 CHY - S1 - Z:P Change Addition 31 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5111116 5.2 NAME NAME 5 3 STREET ADDRESS STREETADORESS CITY-ST-ZIP 5 4 CITY - ST - 7IF Change Addition DELETE 61 TITLE TITLE NAME € 2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 O(TY - ST-7)P 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 St 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 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 St that my name appears in Block 12 or Block 13 if changed or given attachment with an address.

Daybase Straton - #

SIGNATURE: