## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P96000029090 (3)

**GUARDIAN GLASS, INC.** 

Principal Place of Business

Mailing Address

4001 EXCHANGE AVENUE NAPLES FL 33942

4001 EXCHANGE AVENUE NAPLES FL 33942

## FILED Jan 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPAC

					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
					03/28/1996			
2. Principal P	lace of Business	2a. Mailing Address		_	4. FEI Number	-[	Applied For	
21		26			65-0651771		Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	,			\$8.75	Additional	
22		27			5. Certificate of Status Desired	Fee	Required	
City & State	0	City & State	City & State		6. Election Campaign Financing	\$5.0	O May Be	
23		28			Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the curre			
24 34	104		10			Yes	□ No i	
	9. Name and Address of Curre		<del>-</del> 1		10. Name and Address of New Registered A			
bol	INMED INCK A		81	Name				
BRUNNER, JACK A 831 RUE DE VILLE DRIVE NAPLES FL 33963								
				82 Street Address (P.O. Box Number is Not Acceptable)				
				63				
			03					
			84	City		85 Zi	p Code	
					<u>FL</u>	<u> </u>	·	
11. Pursuant	to the provisions of Sections 607 050	12 and 607.1508, Florida Statutes	, the above	e-named	corporation submits this statement for the purpose of coordion's board of directors. I hereby accept the appoint	hanging	its registered	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of Section 607.0505. Flori	tnorized by da Statutes	r the corp 3.	foration's board of directors. I hereby accept trie appoi	nimeni	as registered	
SIGNATURE	Signature, typed or printed name of registered ag-	ont and title il applicable (NOTE: I	Registered Age	int signature	required when reinstating) DATE			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTO	ORS IN 12	
TITLE	DPS	DELETE	1.1 TITLE			Change	e Addition	
NAME	BRUNNER, JACK A		1.2 NAME	1				
STREET ADDRESS	831 RUE DEVILLE DRIVE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	NAPLES FL 33963		1	Y				
TITLE			1.4 CITY - S 2.1 TITLE	1-211		Change	Addition	
i		_ breeze	1		-	Unlange	, LI ADOMON	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP				
TITLE	DELETE		3.1 TITLE		L	Change	e	
NAME			3.2 NAME	ŀ				
STREET ADDRESS			3.3 STREET	address				
CITY-ST-ZIP			3.4. CITY - 9	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME	i			ļ	
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S				Ì	
TITLE		DELETE	5.1 TITLE			Change	Addition	
		occur		f	_			
NAME			5.2 NAME				ĺ	
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP		<u> </u>	5.4 CITY - S	T-ZIP		1		
TITLE		☐ DELETE	6.1 TITLE	]	L	Change	Addition	
NAME			6.2 NAME	İ			ĺ	
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				
	ertify that the information supplied w	ith this filing does not qualify for			d in Section 119.07(3)(i), Florida Statutes, I further cert	ify that th	ne information	

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information indicated on this annual report or suppliemental 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 appear with an address.

SUL SAMMA CLARK BRILLISTO 1-12-90 941-6113000