

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

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000039734 (4)
 1. Corporation Name
GLASS TINTING PRO, INC.



Principal Place of Business: 10706 LA PLACIDA UNIT #1 CORAL SPRINGS FL 33065
 Mailing Address: 10706 LA PLACIDA UNIT #1 CORAL SPRINGS FL 33065-3794

3. Date Incorporated or Qualified: 05/03/1996
 3a. Date of Last Report: 5-3-96
 4. FEI Number: 65-0664193
 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

2. Principal Place of Business: 21 11332 wiles rd. Suite, Apt. #, etc.
 2a. Mailing Address: 26 11332 wiles rd. Suite, Apt. #, etc.
 23 City & State: Coral Springs FL
 24 Zip: 33076 25 Country: US
 27 City & State: Coral Springs FL
 28 Zip: 33076 29 Country: US

9. Name and Address of Current Registered Agent
GUERRA, LYNNETTE L
 10706 LA PLACIDA UNIT #1
 CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
 81 Name: Joseph Basto
 82 Street Address (P.O. Box Number is Not Acceptable): 11332 wiles rd.
 83 Zip: 33076
 84 City: Coral Springs FL 85 State: FL

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
 SIGNATURE: Joseph Basto
 DATE: 3-17-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, LYNNETTE L	12 NAME	
STREET ADDRESS	10706 LA PLACIDA, UNIT #1	13 STREET ADDRESS	11332 wiles rd.
CITY-ST-ZIP	CORAL SPRINGS FL 33065	14 CITY-ST-ZIP	Coral Springs FL 33076
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASTO, JOSEPH T	22 NAME	
STREET ADDRESS	10706 LA PLACIDA, UNIT #1	23 STREET ADDRESS	11332 wiles rd.
CITY-ST-ZIP	CORAL SPRINGS FL 33065	24 CITY-ST-ZIP	Coral Springs FL 33076
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (9/96)

SIGNATURE: Joseph Basto
 DATE: 3-17-97 (954) 752-1411