05-10-1999 90008 037 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000078492

1. Corporation Name

PAYLESS AUTO GLASS, INC.

			•					
Principal Place 4649 N DIXIE I	₩Y	Mailing Address 4649 N DIXIE HWY						
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 US					DO NOT WRITE IN THIS SPACE			
00					3. Date Incorporated or Qualifed		,	ì
					09/20/1996			ì
2. Principal Place of Business 2a. Mailing Addre					4. FEI Number	Apr	plied For	
21		26			65-0695872		t Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	o Fees	
Zip <b>24</b>	Country 25	Zip <b>29 30</b>	Countr	y	<ol> <li>This corporation owes the current year in Personal Property Tax.</li> </ol>		□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent		
AMD	UNO HIAN		81	Name				
ANDINO, JUAN 351 NW 42ND ST			82	Street Ad	Address (P.O. Box Number is Not Acceptable)			
	IPANO BEACH FL 33064							
1011	" Puro BENOTT E GOOG		83	<b>5</b>				ļ
			84	City	F	85 Zip C	ode	l
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the state o	of Florida. Such change was auth	orized by	/ tne corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	f changing its pintment as reg	registered gistered	
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE: Re	gistered Ag	ent signature requ	pired when reinstating) DATE			<u>~</u>
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			(11/98
TITLE	PTS	☐ DELETE 1.1 T				☐ Change	☐ Addition	ſ
NAME	ANDINO, JUAN							F034
STREET ADDRESS			1.3 STRE	ET ADDRESS				<u> </u>
CITY-ST-ZIP			1.4 CITY-ST-ZIP			Change	Addition	5
TITLE			2.1 TITLE				☐ ∀qqqqq	
NAME			2.2 NAME					1
STREET ADDRESS				ET ADDRESS			•	1
CITY-ST-ZIP			2.4 CITY- 3.1 TITLE			Change	Addition	1
			3.2 NAME			==		}-
NAME STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			3.4. CITY-				اء	ļ.
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME	4.2		4. 2 NAM	.				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CÎTY-	ST-ZIP				ļ
TITLE			5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STRE	ET ADDRESS				1

14. I 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 charged or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

**SIGNATURE** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Daytime Phone #

☐ Addition