

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

FILED

Apr 29 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 # P97000000675 (3)

1. Corporation Name

ALLGLASS GLAZIERS INC.

Principal Place of Business

2216 BROADWAY (US FED HWY ONE)
RIVIERA BEACH FL 33404

Mailing Address

P O BOX 10623
RIVIERA BEACH FL 33419-0623

3. Date Incorporated or Qualified

12/30/1996

3a. Date of Last Report

2. Principal Place of Business

21 1925 MEARS PARKWAY
Suite, Apt. #, etc.

2a. Mailing Address

26 1925 MEARS PARKWAY
Suite, Apt. #, etc.

4. FEI Number

650729056

Applied For

Not Applicable

22

27

City & State

23 MARGATE, FL

City & State

28 MARGATE FL

Zip

24 33063

Country

25 BROWARD

Zip

29 33063

Country

30 BROWARD

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

YARBROUGH, HAROLD B
2216 BROADWAY (US FED HWY ONE)
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name HAROLD B YARBROUGH

82 Street Address (P.O. Box Number is Not Acceptable)
16058 WILTSHIRE DR

83

84

City LOXAHATCHEE

FL

85

Zip Code 33470

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 607.0505, Florida Statutes.

SIGNATURE HAROLD YARBROUGH

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-21-97

12. OFFICERS AND DIRECTORS

TITLE CPTD ☐ DELETE
NAME YARBROUGH, HAROLD
STREET ADDRESS 16058 WILTSHIRE DR
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE VSD ☐ DELETE
NAME RUBIN, PAUL G
STREET ADDRESS 1606 AVENUE C
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: HAROLD YARBROUGH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-97 9549283550

Date

Daytime Phone # 0007158

CR2E034 (9/96)