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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000044077

1. Corporation	Name O GLASS INTERNATIONAL, I						
WORAN	ULAGO HETERRATIONAL, II	10.			I FARRINADA INA TARAH KARIN ASINE EDIRA AREN AR	Hil bien bien bien	10011 1001 1001
	· ·		_				
Principal Place of Business Mailing Address					* (BE):189 118 1841 1841 1841 1841	111 21411 21211 2211	
NO. 1301 W. COPANS ROAD NO. 1301 W. COPANS ROAD							
STE F10 STE F10 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064				DO NOT WRITE IN THIS SPACE			
US US				3. Date Incorporated or Qualifed			
					05/19/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	pplied For
21 26 Suite Ant # etc					65-0754356		ot Applicable
Sale, Apt. #, etc.					-5 Certificate of Status Desired -		Additional equired
27							·
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
23 Zin	Z8 Country Zip		Country		This corporation owes the current year		101000
Zip	25	29 3	_ '		Personal Property Tax.	Yes	Mo
24	9. Name and Address of Current		,,,		10. Name and Address of New Register	ad Agent	
			81	Name			
SCHWEITZER, KAREN E			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
2464 BAY VILLAGE COURT			02	Sireer A	duress (F.O. Box Number is not receptable)		.,
PALA	A BEACH GARDENS FL 33410		83		•		
			84	City		85 Zip	Code
				_		·L ·	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above	e-named co	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its	registered
office or re agent. I ar	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Floric	da Statutes		alion's board of directors. Thereby decept the op	politicina do re	/g.c.c. c.
SIGNATURE			_				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				nt signature req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
12.	OFFICERS AND DIRECTORS DELETE		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE			1.2 NAME			_	_
NAME STREET ADDRESS	ALCA DAY MILLAGE COURT		1.3 STREET ADDRESS				1
1	DALAA DEACH CARDENC EL 22410		1.4 CITY-ST-ZIP				1
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE	-		☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS	DAGA BAY VIII LAGE COUDT		2.3 STREET ADDRESS				Į
CITY-ST-ZIP	PALM BEACH GARDENS FL 33	l10 ⁼	2.4 CITY-5	ST-ZIP	The second secon		
TITLE	☐ DELETE 3.11		3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS	ıs a		3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4, CITY-5	ST-ZIP			- Addition
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAMÉ				Ţ
STREET ADDRESS			4.3 STREE				ľ
CITY-ST-ZIP			4.4 CiTY-S	ī-ZIP		["] Change	☐ Addition
TITLE"		C. DELETE	5.1 TITLE 5.2 NAME				
NAME .	•			TADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP			6.1 TITLE			Change	Addition
NAME	27022 100 1	_	6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			

CITY-ST-ZIP 14. Thereby 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 peport is true and faccurate and that my fignature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee/emplowered 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, with all other like employered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS