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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 06 1998 8:00am

Secretary of State

Change

(941) 461-1.291

4/20/00

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000086390 (6)

**GULF COAST GLASS SHIELD, INC.** 

17701 HERON LANE FORT MYERS FL 33908		17701 HERON LANE FORT MYERS FL 33908		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				10/07/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For	
21		26		65-0785432 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Additional Fee Required	
City & State		City & State			
23		}¬ '		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	28 Zp	Country	8. This corporation cwes or has paid the current year Intangible	
24	25	- H '	30	Personal Property Tax due June 30.	
<del></del>	9. Name and Address of Curren			10. Name and Address of New Registered Agent	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Street Add	anley Morawski ress (P.O. Box Number is Not Acceptable) 101 Horn Lane  FL 85 Zip Code 32908	
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized by the corporal rida Statutes.  Registered Agent signature requi		
12.	OFFICERS AND	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
TITLE	PSTD	[] petert	1.1 TITLE	C cusults C vandan	
NAME STREET ADDRESS	Morawski, Jean A 17701 Heron Lane		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33908		1.4 City-SI-ZIP		
TITLE	VD	DELETE	21 TITLE	Change Addition	
NAME	MORAWSKI, STANLEY A	<del></del>	2.2 NAME	_ · _	
STREET ADDRESS	17701 HERON LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33908		2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP	O	
TITLE		C DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
AITH AT TID			CACITY OT 710		

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 changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE