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

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90274 047 ***150.00

DOCUMENT # P9700094773

A. & L. MOBILE AUTO GLASS INC.

Principal Place of Business 3660 N.W. 32ND WAY FORT LAUDERDALE FL 33309

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Mailing Address

3660 N.W. 32ND WAY

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28 Zin

FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

11/03/1997 4. FEI Number

65-0791651

Zíp	Country	Zip _	Country	i	8. This corporation owe	s the current year In	ıtangible 🔍		l.
24	25	2930			Rersonal Property-To			No	i -
	9. Name and Address of Current R	tegistered Agent			10. Name and Address	of New Registered	l Agent		
			81	Name		•			
DUROCHER, ANDRE			82	Street Address	(P.O. Box Number is N	ot Acceptable)			1
3660 N.W. 32ND WAY			["]	0001.1.001001	(10, 20, 7, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10				
FORT LAUDERDALE FL 33309									
							les Zie C	ode .	ĺ
			84	City		FL	_ 85 Zip C	ode	
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508. Florida Statutes.	the above-n	named corpora	tion submits this stateme	ent for the purpose o	f changing its	registered	l
office or r	egistered agent, or both, in the State of I	Florida. Such change was autho	orized by the	e corporation's	board of directors. I her	eby accept the appo	intment as reg	jistered	
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Fiorida	Statutes.						1
SIGNATURE	Signature, typed or printed name of registered agent an	od title if applicable /NOTE: Reg	ristered Agent si	ignature required wh	en reinstating)	DATE			۔ ا
12.	OFFICERS AND	13.	ignata/a raquina ur	ADDITIONS/CHANGE		ND DIRECTO	RS IN 12	3	
TITLE	DP	☐ DELETE	1.1 TITLE				Change	☐ Addition	3
NAME	DUROCHER, ANDRE	and the same of th	1.2 NAME	حست حست	د ر مید میدی کیگیدی: د	· . <u></u>			
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-	FORT LAUDERDALE FL 33309		1.4 CITY-ST-Z	!					5
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'	GILBERT, MARTIN	(E) OLLEN	2.2 NAME		De 0 - 14	00=101		£~61£	ł
NAME			2.3 STREET AL	2000000	BERT MI CO N.W. 3 T LAUDER	7 NP 1/1.5		, -	İ
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TITLE	D	□ nëreie	3.1 TITLE						_
=NAME	-MARCIL, LISE		-3.2 NAME						`
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CITY-ST-ZIP	FORT LAUDERDALE FL 33309		3.4. CITY-ST-2	ZIP			Change	Addition	ł
TITLE		☐ DELETE	4.1 TITLE				Change	Mudibon	ĺ
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET AL	DDRESS					
CITY-ST-ZIP			4.4 CITY-ST-Z	ZIP					
TITLE		☐ DELETE	5.1 TITLE		•		Change	Addition	
NAME			5.2 NAME	1		3			

Country

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 operation and 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 operation or the receiver or trustee empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Daytime Phone #

Change

Addition