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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000094773			
1. Corporation Name A. & L. MOBILE AUTO GLASS INC.			
Principal Place of Business 3660 N.W. 32ND WAY FORT LAUDERDALE FL 33309		Mailing Address 3660 N.W. 32ND WAY FORT LAUDERDALE FL 33309	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent DUROCHER, ANDRE 3660 N.W. 32ND WAY FORT LAUDERDALE FL 33309		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE			
12. OFFICERS AND DIRECTORS TITLE DP <input type="checkbox"/> DELETE NAME DUROCHER, ANDRE STREET ADDRESS 3660 N.W. 32ND WAY CITY-ST-ZIP FORT LAUDERDALE FL 33309 TITLE D <input type="checkbox"/> DELETE NAME GILBERT, MARTIN STREET ADDRESS 3660 N.W. 32ND WAY CITY-ST-ZIP FORT LAUDERDALE FL 33309 TITLE D <input type="checkbox"/> DELETE NAME MARCIL, LISE STREET ADDRESS 3660 N.W. 32ND WAY CITY-ST-ZIP FORT LAUDERDALE FL 33309 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME GILBERT, MARTIN 2.3 STREET ADDRESS 3660 N.W. 32ND WAY 2.4 CITY-ST-ZIP FORT LAUDERDALE 33309 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 11/98