PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90086 022 ***150.00

DOCUMENT #	P98000034243

1. Corporation	n Name	004240							
	BARBERY GLASS, INC.								
COOM	DAIDEITI GEROOF IIIO					1 (122((121) 110 (1101) 1101) 1101) 1201	AL BEIGG FRAN MAL E	E IMAL BIBLIK (FA)	1 2 1 2 2 2 1 1 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1
					1 .		ii aa ik eeni ee n		i Bireat (Kill (Bail
		NA-Was Adda.					40 30 66		I BIDDA HII IBDI
Principal Place of Business Mailing Address					Į.				
3602 S. HESPERIDES STREET 3602 S. HESPERIDES STREET				1					
TAMPA FL 336	29	TAMPA FL 33629				DO NOT 1	WRITE IN THIS	SPACE	
	•				3 Data	Incorporated or Qual			
						- ·			
						13/1998			oplied For
	Principal Place of Business 2a. Mailing Address				593505496			<u> </u>	ot Applicable
21	26 Suits And # oto					704037			Additional
Suite, Apt. #, etc Suite, Apt. #, etc.					5. Certi	fcate of Status Desire	d 🗀		eguired
22 27 27									
City & State City & State				6. Election Campaign Financing Trust Fund Contribution			ing Exercise		May.Be
23		28							U Fees
Zip	Country	L Zip	Coun	ау		corporation owes the	current year in	langrows ☐ Yes	□No
24	25		ю(onal Property Tax.	Danistand		
	9. Name and Address of Current	Registered Agent	 -	Mal Maran	10, Nam	and Address of No	M Kediztelen	Agent	
040	DERY ACCAR II ID		ľ	11 Name					
	BERY, OSCAR H JR.		i i	2 Street A	ddress (P.O. B	ox Number is Not Acc	eptable)		
	2 S. HESPERIDES STREET								
TAM	IPA FL 33629		T I	33					
	•			4 City				85 Zip	Code
			f :	1 -7			FL	. [[]	í
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligations.	and 607.1508. Florida Statutes	the abo	ve named c	orporation subr	nits this statement for	the purpose of	changing its	registered
Office of r	registered agent, or both, in the State of	f Florida. Such change was aut	horized i	y the corpor	ration's board o	f directors. I hereby a	cept the appoi	intment as re	gistered
000 0. ,		of Continue COT AFOE Florid	in Claber						
	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	ia Statut	85.					
agent. I a		· · · · · · · · · · · · · · · · · · ·					DATE]
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R			quired when reinstatin		DATE]
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	legistered A	gent signature rec	quired when reinstatin	(g)	DATE]
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and side if applicable. (NOTE: R	13.	gent signature rec	quired when reinstatin	(g)	DATE	ND DIRECTO]
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ingert OFFICERS AND D BARBERY, OSCAR H JR.	and side if applicable. (NOTE: R	13. 1.1 TITU	gant signature rec E	quired when reinstatin	(g)	DATE	ND DIRECTO]
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET	and side if applicable. (NOTE: R	13. 1.1 TITL 1.2 NAM 1.3 STR	geni signature rec E E ET ADDRESS	quired when reinstatin	(g)	DATE	ND DIRECTO]
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP	Signature, typed or printed name of registered ingert OFFICERS AND D BARBERY, OSCAR H JR.	and tride if applicable. (NOTE: R O DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY	gent signature rec E E EET ADDRESS -ST-ZIP	quired when reinstatin	(g)	DATE	ND DIRECTO	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-2P TITLE	OFFICERS AND D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET	and side if applicable. (NOTE: R	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CTTY 2.1 TITL	eni signature rec	quired when reinstatin	(g)	DATE	ND DIRECTO]
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP	OFFICERS AND D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET	and tride if applicable. (NOTE: R O DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM	BET ADDRESS ST-ZIP E	quired when reinstatin	(g)	DATE	ND DIRECTO	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-2P TITLE	OFFICERS AND D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET	and tride if applicable. (NOTE: R O DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM	eni signature rec	quired when reinstatin	(g)	DATE	ND DIRECTO	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-2P TITLE NAME	OFFICERS AND D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET	and tide if applicable. (NOTE R D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY	E E E E E E E E E E T ADDRESS - ST-ZIP E E E E E E E E E E E T ADDRESS	quired when reinstatin	(g)	DATE	OD DIRECTO	ORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS	OFFICERS AND D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET	and tride if applicable. (NOTE: R O DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI	E E E E E E E E E E T ADDRESS - ST-ZIP E E E E E E E E E E E T ADDRESS	quired when reinstatin	(g)	DATE	ND DIRECTO	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET	and tide if applicable. (NOTE R D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY	E E E E E E E E E E E E E E E E E E E	quired when reinstatin	(g)	DATE	O DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE	D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET TAMPA FL 33629	and tide if applicable. (NOTE R D DIRECTORS DELETE	13. 1.1 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM	E E E E E E E E E E E E E E E E E E E	quired when reinstatin	(g)	DATE	O DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME -STREET ADDRESS	D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET TAMPA FL 33629	and tide if applicable. (NOTE R D DIRECTORS DELETE	13. 1.1 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.3 STRI 3.2 STRI 3.3 STRI 3. S	E E E E E E E E E E E E E E E E E E E	quired when reinstatin	(g)	DATE	Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME NAME NAME	D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET TAMPA FL 33629	and tide if applicable. (NOTE R D DIRECTORS DELETE	13. 1.1 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.3 STRI 3.2 STRI 3.3 STRI 3. S	E E E E E E E E E E E E E E E E E E E	quired when reinstatin	(g)	DATE	O DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP	D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET TAMPA FL 33629	and tide if applicable. (NOTE: R) DIRECTORS DELETE DELETE	13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITU 3.2 NAM 3.9 STRI 3.4. CITY	E E E E E E E E E E E E E E E E E E E	auked when reinstating ADDIT	(g)	DATE	Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET TAMPA FL 33629	and tide if applicable. (NOTE: R) DIRECTORS DELETE DELETE	13. 1.1 TITL 12 NAM 1.3 STRI 22 NAM 23 STRI 2.4 CIT 3.1 TITL 32 NAM 39 STRI 34. CIT 4.1 TITL 4.2 NAM	E E E E E E E E E E E E E E E E E E E	auked when reinstating ADDIT	(g)	DATE	Change	DRS IN 12 Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET TAMPA FL 33629	and tide if applicable. (NOTE: R) DIRECTORS DELETE DELETE	13. 1.1 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.9 STRI 3.4 CITY 4.2 NAA 4.3 STRI 4.4 STRI 4.5 NAA 4.3 STRI 4.5 NAA 4	E E E E ADORESS (-ST-ZIP E E E E TADORESS -ST-ZIP E E E E TADORESS (-ST-ZIP E E E E TADORESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	auked when reinstating ADDIT	(g)	DATE	Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET TAMPA FL 33629	and tide if applicable. (NOTE: R) DIRECTORS DELETE DELETE	13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITY 2.1 TITL 22 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 4.4 NAM 4.3 STR 4.4 CITY	E E E E E E E E E E E E E E E E E E E	auked when reinstating ADDIT	(g)	DATE	Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET TAMPA FL 33629	and tide if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITU 12 NAM 1.3 STRI 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITU 3.2 NAM 4.3 STRI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITU	E E E E E E E E E E E E E E E E E E E	auked when reinstating ADDIT	(g)	DATE	Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET TAMPA FL 33629	and tide if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 12 NAM 1.3 STRI 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM	E E E E E E E E E E E E E E E E E E E	auked when reinstating ADDIT	(g)	DATE	Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET TAMPA FL 33629	and tide if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITU 12 NAM 1.3 STRI 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITU 3.2 NAM 3.3 STRI 4.4 CITY 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITU 5.2 NAM 5.3 STRI 6.4 CITY 6.5 STRI 6.5 S	E E E E E E E E E E E E E E E E E E E	auked when reinstating ADDIT	(g)	DATE	Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET TAMPA FL 33629	and tide if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITU 1.2 NAM 1.3 STRI 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITU 3.2 NAM 3.9 STRI 4.1 TITU 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITU 5.2 NAM 5.3 STRI 5.4 CITY 5.4 CITY	E E E E E E E E E E E E E E E E E E E	auked when reinstating ADDIT	(g)	DATE	Change	DRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET TAMPA FL 33629	and tide if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITU 1.2 NAM 1.3 STRI 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITU 3.2 NAM 4.3 STRI 4.4 CITY 5.1 TITU 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITU 6.1 TITU 6.1 TITU 6.1 TITU 6.1 TITU	E E E E E E E E E E E E E E E E E E E	auked when reinstating ADDIT	(g)	DATE	Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D BARBERY, OSCAR H JR. 3602 S. HESPERIDES STREET TAMPA FL 33629	and tide if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITU 1.2 NAM 1.3 STRI 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITU 3.2 NAM 3.9 STRI 3.4 CITY 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITU 5.2 NAM 5.3 STRI 6.1 TITU 6.2 NAM	E E E E E E E E E E E E E E E E E E E	auked when reinstating ADDIT	(g)	DATE	Change	DRS IN 12 Addition Addition Addition

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 13 if chapted, or on an attachment with an address, with all other like empowered.