PROFIT CORPORATION ANNUAL REPORT

1999

FIRST GLASS, INC.



DOCUMENT # P98000105222

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 03, 1999 8:00 am Secretary of State 03-03-1999 90067 019 \*\*\*150.00

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Principal Plac	e of Business	Mailing Address					1910 11910 1191 1991
028 MONTROS		4028 MONTROSE CT.					
DRLANDO FL 32		ORLANDO FL 32812			DO MOT WOITE	IN THE COACE	
					DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed		ļ
2 Oringinal D	Place of Business	2a. Mailing Address			12/18/1998 4. FEI Number	<u> </u>	Applied For
	race of Business	26. Walling Address			59-3548254	. –	Not Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.			01 00 1000	- \$8.	75 Additional
22	, 5.6.	27			5. Certificate of Status Desired		e Required
City & Stat	te	City & State	-		6. Election Campaign Financing	¬ \$5.	00 May Be
23		28			Trust Fund Contribution	Add	ded to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current	year Intangible	_
24	25		10		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered Agent	
EDED	DE CHCANI ECO		81	Name			
	RLE, SUSAN L ESQ.		82	Street Ac	ddress (P.O. Box Number is Not Acceptable	<del>)</del>	
	n. Magnolia ave., suite a-9 Indo Fl 32801			<u> </u>			
OUL	MDO FL 32001		83	1			
			84	City		85	Zip Code
				L	the state of the s	FL [°°]	a ita ragiatarad
11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statutes e of Florida. Such change was aut	s, the abov thorized by	e-named co the corpora	orporation submits this statement for the puration's board of directors. I hereby accept the	rpose or changin ne appointment a	is registered
agent I a	rm familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statutes				
agent. I c							
SIGNATURE		Alox .			wind when ministration	DATE	
SIGNATURE	Signature, typed or printed name of registered age		Registered Age		uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	CTORS IN 12
SIGNATURE	OFFICERS AI	ent and title if applicable. (NOTE: F ND DIRECTORS	Registered Age		uired when reinstating)  ADDITIONS/CHANGES TO OFFICE		
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CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP