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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V27299

(9)

FILED May 07 1998 8:00am Secretary of State

	ORIDA DOOR AND GLASS					
Principal Place	e of Business	Mailing Address			1 1981) Annia máis idáis (III)s strie ján áibh éitis éitis áith áith áith asan sta	
4143 W. WATERS AVE., SUITE 185 TAMPA FL 33614 US		4143 W. WATERS AVE., SUITE 185 Tampa Fl 33614 US			DO NOT WRITE IN THIS SPACE	
Dringing Dr.	loos of Business	2a. Mailing Address		·	04/08/1992 4. FEI Number Applied For	
2. Principal Place of Business		26			· · · · · · · · · · · · · · · · · ·	
Suite, Apt.	#, etc	Suite, Apt #, etc).		SR 75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zφ	30	ountry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	25 g. Name and Address of Curre	29 ent Registered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
DAL	HLLY, THOMAS M.			81 Name		
12811 CATAMARAN PL TAMPA FL 33624				62 Street /	Address (P.O. Box Number is Not Acceptable)	
				84 City	FL 85 Zip Code	
agent. I ar	m familiar with, and accept the obli	igations of Section 607.050	was authorize 15, Florida Sta	ed by the corp atutes.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or pontrol numb of registered a			red Agont signature	poration's board of directors. I hereby accept the appointment as registered required when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
SIGNATURE .	Signature, typed or pontrol numb of registered a	gent and the if applicable	(NOTE Register	red Agont signature	e required when reinstating) DATE	
SIGNATURE .	Signature, typed or prefine name of repostered a OFFICERS A DPT RAHILLY, THOMAS M.	igent and the if applicable	(NOTE Register 13.	red Agont signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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14. Indepty certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Florida Statules. Turner certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or turdee 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.

SIGNATURE

4-78.68

813-269-1111