

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995 *8-1-95*



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 AUG -7 AM 11: 27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V37550** (3)

1. Corporation Name
FASTGLAS 24, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4123 - 74TH ST., N.
LOT 468
RIVIERA BCH. FL 33404
US**

Mailing Address
**P. O. BOX 10572
RIVIERA BCH. FL 33419-0572
US**

3. Date Incorporated or Qualified 05/20/1992	3a. Date of Last Report 08/01/1994
4. FEI Number 65-0339543	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 100.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
24. Zip	25. Country
28. Zip	30. Country

9. Name and Address of Current Registered Agent
**RUBIN, PAUL G
4123 - 74TH ST. N.
LOT 468
RIVIERA BCH. FL 33404**

10. Name and Address of New Registered Agent	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE D	RUBIN, PAUL G. 7436 43RD DR. NO. RIVIERA BCH. FL
TITLE D	NORVELL, WILLIAM 4064 HONEYHILL LANE STUART FL
TITLE D	MANZO, JOSEPH 6773 FRUITVILLE ROAD SARASOTA FL
TITLE D	LABADE, LARRY 4155 79TH STREET VERO BEACH FL
TITLE	
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	D/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	Lynn D. Wilchak - Rubin
13. STREET ADDRESS	4123 74th Street North, Lot 468
14. CITY - ST - ZIP	Riviera Beach, FL 33404
21. TITLE	D/GM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Rubin, Paul G.
23. STREET ADDRESS	4123 74th Street North, Lot 468
24. CITY - ST - ZIP	Riviera Bch., FL 33404
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, on an attachment with an address.

SIGNATURE: *Paul G. Rubin - GM/Director* 7/31/95 407 945-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (3/95)