PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **V52029**

SHORE LINE CUSTOM GLASS CO., INC.

	e of Business	Maining Address			•				
1183 INDUSTRIA	AL BLVD	1183 INDUSTRIAL BLVD					•		
SUITE 23		SUITE 23				DO NOT	MOITE IN THIS	CDACE	
NAPLES FL 34104		NAPLES FL 34104			DO NOT WRITE IN THIS SPACE				
US		US .				3. Date Incorporated or Quali	rea		
						07/17/1992			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0347056			Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			·	5 Cartifacto of Status Basics	d 🗆	\$8.7	5 Additional
22	,	27				5. Certifcate of Status Desire	٠ ١	Fee	Required
City & State		City & State				6. Election Campaign Financ	ina —	\$5.0	0 May Be
		28				Trust Fund Contribution	"' ⁹ 🗆		ed to Fees
23	Country	Zip	Cou	untry		8. This corporation owes the	ourront year Inta		
Zip	Country	⊢ '		21 tto y		Personal Property Tax.	Current year into	Yes	□No
24	25	29	30	-		10. Name and Address of No	w Pagistared A	<u></u>	
	9. Name and Address of Curren	it Registered Agent		81	Name	10. Name and Address of N	sw Kegistered A	(Beitt	
DICA	DO OUTTORD M			° '	Name				
BIFARO, CLIFFORD M.			8		Street Add	ress (P.O. Box Number is Not Acc	eptable)		
3523 25TH AVE SW			1			`			
Napi	LES FL 34104			83					
								11-	
				84	City		FI	85 Z	ip Code
	0.5.050	1 007 4500 Fly 34- Ot-1		1	named sam	position submits this statement for		hanging	its registered
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	i2 and 607.1508, Florida Statu of Florida, Such change was :	tes, the a authorized	d by t	-nameo corr he comorati	ion's board of directors. I hereby a	ccept the appoin	tment as	registered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Fl	orida Stat	tutés.		•			
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOT	E: Registered	d Agent	signature require	ed when reinstating)	DATE		
12.		ID DIRECTORS	13.	r		ADDITIONS/CHANGES TO	OFFICERS AN		
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	ITLE		ADDITIONS/CHANGES TO	OFFICERS AN	Chan	
TITLE	PTS					ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE NAME	PTS BIFARO, CLIFFORD M.		1.1 TI 1.2 N/	IAME	ADDRESS	ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE NAME STREET ADDRESS	PTS BIFARO, CLIFFORD M. 3523 25TH AVE SW		1.1 TI 1.2 N 1.3 SI	IAME TREET	ADDRESS	ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS BIFARO, CLIFFORD M. 3523 25TH AVE SW NAPLES FL 34104	[] DELETE	1.1 TI 1.2 N/ 1.3 ST 1.4 CI	IAME TREET		ADDITIONS/CHANGES TO	OFFICERS AN		ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTS BIFARO, CLIFFORD M. 3523 25TH AVE SW NAPLES FL 34104 D		1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI	IAME TREET / TTY-ST-		ADDITIONS/CHANGES TO	OFFICERS AN	Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS BIFARO, CLIFFORD M. 3523 25TH AVE SW NAPLES FL 34104 D ROWE, OLAND B	[] DELETE	1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/	IAME TREET / TTY-ST- TTLE (AME	-ZiP	ADDITIONS/CHANGES TO	OFFICERS AN	Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTS BIFARO, CLIFFORD M. 3523 25TH AVE SW NAPLES FL 34104 D ROWE, OLAND B 140 2ND STREET N.E.	[] DELETE	1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/	IAME TREET / TTY-ST- TTLE (AME		ADDITIONS/CHANGES TO	OFFICERS AN	Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PTS BIFARO, CLIFFORD M. 3523 25TH AVE SW NAPLES FL 34104 D ROWE, OLAND B	☐ DELETE	1.1 TI 1.2 Nu 1.3 SI 1.4 CI 2.1 TI 2.2 Nu 2.3 SI	IAME TREET / TTY-ST- TTLE (AME	ADORESS	ADDITIONS/CHANGES TO	OFFICERS AN	☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PTS BIFARO, CLIFFORD M. 3523 25TH AVE SW NAPLES FL 34104 D ROWE, OLAND B 140 2ND STREET N.E.	[] DELETE	1.1 TI 1.2 Nu 1.3 SI 1.4 CI 2.1 TI 2.2 Nu 2.3 SI	IAME TREET / TITLE IAME STREET / CITY-ST	ADORESS	ADDITIONS/CHANGES TO	OFFICERS AN	Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS BIFARO, CLIFFORD M. 3523 25TH AVE SW NAPLES FL 34104 D ROWE, OLAND B 140 2ND STREET N.E.	☐ DELETE	1.1 TI 1.2 NJ 1.3 SI 1.4 CI 2.1 TI 2.2 NJ 2.3 SI 2.4 CI 3.1 TI	IAME TREET / TITLE IAME STREET / CITY-ST	ADORESS	ADDITIONS/CHANGES TO	OFFICERS AN	☐ Chan	ge Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PTS BIFARO, CLIFFORD M. 3523 25TH AVE SW NAPLES FL 34104 D ROWE, OLAND B 140 2ND STREET N.E.	☐ DELETE	1.1 TI 1.2 NV 1.3 S' 1.4 CI 2.1 TI 2.2 NV 2.3 S' 2.4 CC 3.1 TI 3.2 NV 3.3 S'	IAME STREET / STLE STREET / STREET / STREET / STREET / STREET /	ADDRESS ADDRESS	ADDITIONS/CHANGES TO	OFFICERS AN	☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	PTS BIFARO, CLIFFORD M. 3523 25TH AVE SW NAPLES FL 34104 D ROWE, OLAND B 140 2ND STREET N.E.	☐ DELETE	1.1 TI 1.2 NV 1.3 S' 1.4 CI 2.1 TI 2.2 NV 2.3 S' 2.4 CC 3.1 TI 3.2 NV 3.3 S' 3.4 CC	IAME TREET / TILE IAME TREET / TILE IAME TILE IAME TILE IAME TILE IAME	ADDRESS ADDRESS	ADDITIONS/CHANGES TO	OFFICERS AN	☐ Chan	ge Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	PTS BIFARO, CLIFFORD M. 3523 25TH AVE SW NAPLES FL 34104 D ROWE, OLAND B 140 2ND STREET N.E. NAPLES FL	☐ DELETE	1.1 TT 1.2 NV 1.3 S' 1.4 CI 2.1 TT 2.2 NV 2.3 S' 2.4 CC 3.1 TT 3.2 NV 3.3 S' 3.4 CC 4.1 TT 4.2 NV 4.	IAME ITREET / ITLE IAME	ADORESS ZIP ADDRESS ZIP	ADDITIONS/CHANGES TO	OFFICERS AN	☐ Chan	ge Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PTS BIFARO, CLIFFORD M. 3523 25TH AVE SW NAPLES FL 34104 D ROWE, OLAND B 140 2ND STREET N.E. NAPLES FL	DELETE	1.1 TT 1.2 NV 1.3 S' 1.4 CI 2.1 TT 2.2 NV 2.3 S' 2.4 CC 3.1 TT 3.2 NV 3.3 S' 3.4 CC 4.1 TT 4.2 NV 4.3 S' 4.4 CC 4.	AME TREET / TILE TAME TREET / TILE TREET / TRE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO	OFFICERS AN	☐ Chan	ge Addition ge Addition ge Addition ge Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PTS BIFARO, CLIFFORD M. 3523 25TH AVE SW NAPLES FL 34104 D ROWE, OLAND B 140 2ND STREET N.E. NAPLES FL	DELETE	1.1 TT 1.2 NV 1.3 S' 1.4 CC 2.1 TT 2.2 NV 2.3 S' 2.4 CC 3.1 TT 3.2 NV 3.3 S' 3.4 CC 4.1 TT 4.2 NV 4.3 S' 4.4 CC 5.1 TT 5.2 NV 5.	TREET / TITLE LAME STREET /	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO	OFFICERS AN	☐ Chan	ge Addition ge Addition ge Addition ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PTS BIFARO, CLIFFORD M. 3523 25TH AVE SW NAPLES FL 34104 D ROWE, OLAND B 140 2ND STREET N.E. NAPLES FL	DELETE	1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 CC 4.1 TT 4.2 NV 4.3 ST 4.4 CC 5.1 TT 5.2 NV 5.3 ST 5.	TREET / TITLE LAME STREET / S	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO	OFFICERS AN	☐ Chan	ge Addition ge Addition ge Addition ge Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTS BIFARO, CLIFFORD M. 3523 25TH AVE SW NAPLES FL 34104 D ROWE, OLAND B 140 2ND STREET N.E. NAPLES FL	DELETE	1.1 TI 1.2 NV 1.3 S' 1.4 Cl 2.1 TI 2.2 N 2.3 S' 2.4 CC 3.1 TI 3.2 N 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 S' 4.4 C 5.1 TI 5.2 N 5.3 S' 5.4 C 6.1 TI	AME TREET; TITLE IAME TITLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO	OFFICERS AN	☐ Chan	ge Addition ge Addition ge Addition ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS BIFARO, CLIFFORD M. 3523 25TH AVE SW NAPLES FL 34104 D ROWE, OLAND B 140 2ND STREET N.E. NAPLES FL	☐ DELETE ☐ DELETE ☐ DELETE	1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 CC 4.1 TT 4.2 NV 4.3 ST 4.4 CC 5.1 TT 5.2 NV 5.3 ST 5.4 CC 6.1 TT 6.2 NV 6.	AME TREET / TITLE IAME TR	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO	OFFICERS AN	☐ Chan	ge Addition ge Addition ge Addition ge 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90142 017 ***150.00