FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Scoretary of State
DIVISION OF CORPORATIONS

(1)

Mailing Address

DOCUMENT # G59095

MIRROR SPECIALTIES, INC.

FILED Apr 30 1997 8:00am Secretary of State

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For	45 S. JEFFERSON ST. PENSACOLA FL 32501		45 S. JEFFERS	% WAYNE F. GORE 45 S. JEFFERSON ST. PENSACOLA FL 32501-5601			Date Incorporated or Qualified	30 Date of Legs	Boner
2. Major April 1. September									neport
Suite, Apt. 4, etc. City & State Suite	2. Principal Pl	ace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number	- - 	Applied For
City & State	21		26				59-2331720		lot Applicable
City & State City & State City		#, etc.	F * 1	P = 1					
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Zip			F1	 1					
Section Sect									
10. Name and Address of Now Registered Agent 10. Name and Address of Now Registered Now Registered Agent 10. Name and Address of Now Registered Now Registered Agent 10. Name and Address of Now Registered		⊢ ′	h1	· ¬	·				
GOLDMAN, JAMES 3716 NAVY BLVE PENSAVCOLA FL 32507 82 Street Address (FO. Box Number is Not Acceptable) 83 City FL 85 Z/I) Code T1. Pursuant to the provisions of Sociains 607.002 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing is registered agent, and both in the State of Licital Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and tambian will, and accept the obspications of Sociains 607.005, Horida Statutes. SIGNATURE Signature system primaria and accept the obspication of Sociains 607.005, Horida Statutes. T12. OF FIGURE AND DIRECTORS IN 12 TITLE DP OUT FIGURE AND DIRECTORS IN 12 TITLE DP DIRECTORS IN 12 TITLE DP OUT FIGURE AND DIRECTORS IN 12 TITLE DP SACOLA FL 1.601Y-51-2P TITLE DRIFT STREET ADDRESS ORY-51-2P TITLE DRIFT STREET ADDRESS ORY-51-2P									
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SIGNATURE						•		FL	
	11. Pursuant t office or re agent. I ar	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	.0502 and 607,1508, Flo Itale of Horida. Such cha bligations of, Section 60	rida Statutes, th ange was author 7.0505, Florida	e above rized by Statutes	e-named cor the corpora i.	poration submits this statement for the patients board of directors. Thereby accept	urpose of changing of the appointment a	its registered s registered
TITLE	SIGNATURE	Signature typed or printed name of registers	d agust and file Tapplicable	(NOTE Begi	istered Age	nt signature requ	ired when reinstating)	DATE	
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14 CHY. ST-7P PENSACOLA FL	NAME	GOLDMAN, JAMES		1	1.2 NAME				
DELETE D	STREET ADDRESS			1					
NAME						1-712	***************************************		
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14 I do bereby certify that the information supplied with this tiling class not qualify for the exemption stated in Section 119 (17/3)(i). Florida Statutes, I further certify that the									

1 Too nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119 07(3)(), Florida Statutes. Flutther 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 chapted, or on an attachment with an address.

SIGNATURE

ne h. Delange

1/21/1/22 901/138-811