


**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90193 002 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K52413**

1. Corporation Name  
**ONECO GLASS & MIRROR, INC.**

Principal Place of Business 1623 53RD AVE E ONECO FL 34264	Mailing Address 1623 53RD AVE E ONECO FL 34264
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/19/1988</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>65-0089088</b>	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent  
**LEGAULT, JOHN L**  
**1623 53 AVE E**  
**ONECO FL 34264**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LEGAULT, JOHN L 1623 53RD AVE E ONECO FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGAULT, JOHN L	1.2 NAME	
STREET ADDRESS	1623 53RD AVE E	1.3 STREET ADDRESS	
CITY-ST-ZIP	ONECO FL	1.4 CITY-ST-ZIP	
TITLE	VD LEGAULT, RONALD C. 1623 53RD AVE E ONECO FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGAULT, RONALD C.	2.2 NAME	
STREET ADDRESS	1623 53RD AVE E	2.3 STREET ADDRESS	
CITY-ST-ZIP	ONECO FL	2.4 CITY-ST-ZIP	
TITLE	TD LEGAULT, THOMAS L. 1623 53RD AVE E ONECO FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGAULT, THOMAS L.	3.2 NAME	
STREET ADDRESS	1623 53RD AVE E	3.3 STREET ADDRESS	
CITY-ST-ZIP	ONECO FL	3.4 CITY-ST-ZIP	
TITLE	D LEGAULT, GLENN M. 1623 53RD AVE E ONECO FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGAULT, GLENN M.	4.2 NAME	
STREET ADDRESS	1623 53RD AVE E	4.3 STREET ADDRESS	
CITY-ST-ZIP	ONECO FL	4.4 CITY-ST-ZIP	
TITLE	D LEGAULT, KELLY A. 1623 53RD AVE E ONECO FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGAULT, KELLY A.	5.2 NAME	
STREET ADDRESS	1623 53RD AVE E	5.3 STREET ADDRESS	
CITY-ST-ZIP	ONECO FL	5.4 CITY-ST-ZIP	
TITLE	SD LEGAULT, TANYA M. 1623 53RD AVE E ONECO FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGAULT, TANYA M.	6.2 NAME	
STREET ADDRESS	1623 53RD AVE E	6.3 STREET ADDRESS	
CITY-ST-ZIP	ONECO FL	6.4 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)(l), 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: John L. Legault 3/3/99 941758-1642  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E034 (1/198)