チルE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000016907 (2)

MEGA SOUND & GLASS MASTER, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address		1 todisé de sed l'étel sédal de les désir estel désir les se applé seul gent seul seul
207 8 PINE AVE OCALA FL 34474		207 S PINE AVE OCALA FL 34474		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				02/17/1997
9 Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
2. Principal Place of Business				59 3432789 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
22		——————————————————————————————————————		5. Certificate of Status Desired See Regulared
City & State		City & State		
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. X Yes \(\square\) No
-	9. Name and Address of Curre	1=-1	1001	10. Name and Address of New Registered Agent
HART, MARK III 81 Name				ne
207 S PINE AVE				
OCALA FL 34474			62 Stre	et Address (P.O. Box Number is Not Acceptable)
•	ALA FL 34974		83	
Ì			84 City	FL 85 Zip Code
44 0		00 007 4500 51-34 01-7		
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stati	uz and 607.1508, Florida Statu e of Florida. Such change was	ites, the above-ham authorized by the c	ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig			11/2/20
SIGNATURE	MULC HUT I	MALK HALT		4/7/98
	Signature, typed or prietted name of registered as			ture required when reinstating) DATE
12.	OFFICERS AF	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	· · · · · · · · · · · · · · · · · · ·	C. DETEIL	1.1 TITLE	
NAME	HART, MARK III		1.2 NAME	mark Harry
STREET ADDRESS	11030 SW 27 AVE		1.3 STREET ADDRES	S 11080 SW Z7 AVE
CITY-ST-ZIP	OCALA FL 34478		1.4 CITY - ST - ZIP	OCALA FL 34476
TITLE	VO	DELETE	2.1 TITLE	V D ☐ Change ☐ Addition
NAME	CHESSARI, ANTHONY III		2.2 NAME	CHENITAS. HANT
STREET ADDRESS	300 NE 51 AVE		2.3 STREET ADDRES	
CITY-ST-ZIP	OCALA FL 34471		2.4 CITY-ST-ZIP	OCALA FL 34476
TITLE	T	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHESSARI, SHEILA III		3.2 NAME	
STREET ADDRESS	300 NE 51 AVE		3.3 STREET ADDRES	ss
CfTY-ST-ZIP	OCALA FL 34471		3.4. CITY - ST - ZIP	
TITLE	\$	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HART, CHENITA		4. 2 NAME	}
STREET ADDRESS	11030 SW 27 AVE		4.3 STREET ADDRES	ss
CITY - ST - ZIP	OCALA FL 34476		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRES	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	·
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRES	»
CITY-ST-ZIP			6.4 CITY - ST - ZIP	

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 informatio 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 planged, or of an affactment with an address.