

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **S89471** (4)

MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AXELROD'S GLASS & MIRROR, INC.

1. Principal Place of Business: **4160 N.W. 1ST AVENUE, STR #19 BOCA RATON FL 33431**
Mailing Address: **4160 NW 1ST AVE STE #19 BOCA RATON FL 33431 US**

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt # etc.	26. State, Apt # etc.	10/24/1991	08/04/1994
22. City & State	27. City & State	4. FEI Number	Applied for
23. City	28. City	65-0285783	Not Applicable
24. City	29. City	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25. City	30. City	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under the Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AXELROD, STEVE 22282 WHISTING PINE SUITE 203 BOCA RATON FL 33428	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City, State, Zip Code

11. Pursuant to the provisions of Sections 607.011, 607.012 and 607.156, Florida Statutes, the undersigned 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, thereby accept the appointment as registered agent. I am hereby willing and accept the obligation set forth in Section 607.011, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS:		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
NAME	ADDRESS	NAME	ADDRESS
DP AXELROD, STEVE 4160 NW 1ST AVE STE 19 BOCA RATON FL			
VP AXELROD, DIANE 22282 WHISTLING PINES LN BOCA RATON FL			

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 607.011(6), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the signatories shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the treasurer or authorized representative to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an additional filing with an addendum.

SIGNATURE: *Diane Axelrod* V. Pres. 5/5/95 319-0849