

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 3:02

DOCUMENT # **S89471** (4)

1. Corporation Name
AXELROD'S GLASS & MIRROR, INC.



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**

3. Date Incorporated or Qualified: **10/24/1991**
3a. Date of Last Report: **05/11/1995**

4. FEI Number: **65-0285783**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**AXELROD, STEVE
22282 WHISTING PINE
SUITE 203
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1503, 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

Signature of Registered Agent or Registered Agent in Charge

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE: **DP**
NAME: **AXELROD, STEVE**
STREET ADDRESS: **4160 NW 1ST AVE STE 19**
CITY-ST-ZIP: **BOCA RATON FL**

DELETE

TITLE: **VP**
NAME: **AXELROD, DIANE**
STREET ADDRESS: **22282 WHISTLING PINES LN**
CITY-ST-ZIP: **BOCA RATON FL**

DELETE

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

DELETE

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

DELETE

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

Change Addition

200001821442
05/19/96--01006--002
****225.00 ****225.00

Change Addition

3. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

Change Addition

4. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

Change Addition

5. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

Change Addition

6. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Diane Axelrod* *Steve Axelrod* V.P. 5/8/96 407 391 0849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)