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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

462181

(9)

A HOUSE OF MIRRORS AND GLASS, INC.

Principal Place of Business Mailing Address 3333 W. ATLANTIC BLVD. 3333 W. ATLANTIC BLVD. POMPANO BCH FLORIDA 33069 POMPANO BCH FLORIDA 33069 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/29/1974 2. Principal Place of Business 2a. Mailing Address Applied For 59-1573970 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5 Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζip Country Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes 24 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ARNOLD, STEVEN 3333 W. ATLANTIC BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33069 83 84 Zip Code City 85 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

agont. I am	Tamiliar with, and accept the obligations o	f, Section 607.0505, Flo	orida Statutes.	· · · · · · · · · · · · · · · · · · ·
Signature, typed or product rando of registered agent and use if applicable (NOTE Registered Agent signature required when relinstating) DATE				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	Change Addition
NAME	arnold, steven		1.2 NAME	
STREET ADDRESS	3333 W. ATLANTIC BLVD.		1.3 STREET ADDRESS	
CITY-S1-ZIP	POMPANO BEACH, FL 0		1.4 CITY-ST-ZIP	
TITLE		DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME			2 2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	
TITLE		DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DEFELE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-S1-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY. CT. 710			6.4 CiTV. CT. 7/D	

14. 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 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 or an attachment with an address.

SIGNATURE: X

SIGNATURE: X

FILED

Apr 07 1998 8:00am

Secretary of State