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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1999		DIVISION OF C	ORPORA	TIO	NS	•	,		
		^ .					01-26-1999 90041	048 ***1	50.00	
1. Corporation	MENT # F4094(J								
	RIM & GLASS, INC.									
AUTO II	JIINI O CILMODI, IINO						I ERRECKER AND RICKS BOND INCOME	111 1111 1 111	L BROKE BROKE BIBLI SIK	10: 4 : 4: 1 1 40 1
Principal Place	e of Business	Mailing A	Address				- CHORANT ANN BIBN GONE ANAM D		H BEDEE BIBLI BIBLI BE	BEI GIBIL TOBE
6144 S. U.S. #1	· ·	6144 S. U								
%L.K. MOCK. J		%L.K. MC	OCK. JR				DO NOT WE	TT (A) TU	IS SEACE	•
FT PIERCE FL	34962	FT PIERC	E FL 34982				DO NOT WR 3. Date Incorporated or Qualifect		IS SPACE	
	* •	•					08/19/1981			
2 Oringinal D	lace of Business	2a Mail	ing Address				4. FEI Number		App	olied For
·		26					59-2415135		Not	Applicable
Suite, Apt.	#, etc.		e, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22		27					5. Certificate of Status Desired		Fee Red	
City & Stat	te	City	& State				6. Election Campaign Financing		\$5.00	
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Г	Count	try		8. This corporation owes the cui	rent year		□No
24	25	29		30			Personal Property Tax. 10. Name and Address of New	Registere		
	9. Name and Address of Curr		Agent	8	31	Name	To. Harris and Address of their	<u></u>		
MOC	K JR, L K			-	_	6	(D.O. Barrishania Net Access	labla)		
6144 S. U.S. #1				.	B2	Street Addre	ess (P.O. Box Number is Not Accep	able)	green train de gerie	mir kutha ataya
FT PIERCE FL 34982				ε	B3			机拼形	11 11 110	
					84	City	# 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	50 58 1 0V	. 85 Zip C	ode
	•				·	•		F	L	
.11. Pursuant	to the provisions of Sections 607.0	502 and 607.15	08, Florida Statute	es, the about	ove-	-named corpo	oration submits this statement for the	e purpose ept the apr	of changing its o	registered sistered
agent. La	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli	igations of, Sect	ion 607.0505, Flor	rida Statut	es.	na corporation	,			·
SIGNATURE	•							DATE		<u> </u>
12.	Signature, typed or printed name of registered a	agent and title if applic AND DIRECTO	<u> </u>	13.	gent	signature requireo	when reinstating); 1777, 1 ADDITIONS/CHANGES TO O	-	AND DIRECTO	RS IN 12
TITLE	PV	ALL DIVIDED OF	☐ DELETE	1.1 TITU	E		+ 3 3 3 1 K 1 1 2 1		☐ Change	Addition
NAME	MOCK, L. K. JR.			1.2 NAM	Æ					İ
STREET ADDRESS	AGOA GAEGED AVENUE			1.3 STR	EET/	ADDRESS		,		
CITY-ST-ZIP	FORT PIERCE FL			1.4 CITY	/-\$T-	-ZIP				
TITLE	ST	-	☐ DELETÉ	2.1 ΠΠ.	E				(iii) Change	Addition
NAME	MOCK, DOROTHY A.			2.2 NAM	Æ					
STREET ADDRESS				2.3 STR	EET/	ADDRESS				
CITY-ST-ZIP	FORT PIERCE FL.	: 1		2. 4 CIT		r-ZIP			☐ Change	Addition
TITLE à/E)/	Manual Commence	.•	☐ DELETE	3.1 TITL:			•		C1 change	
NAME (Fig.)	A STEELS THE FOR			3.2 NAM		ADDRESS				
STREET ADDRESS				3.4. CIT						
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TITL		i-ZIF	The state of the s			Addition
				4, 2 NAM			,			Í
NAME STREET ADDRESS	1 1					ADDRESS				
City-ST-ZiP	Transfer to			4.3 STR	REET	ADDIALOO				·
UIII-DI-ZIF F	 			4.3 STR 4.4 CITY						·
TITLE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE		Y-ST-			 :	Change	☐ Addition
TITLE		at each		4.4 CITY 5.1 TITL 5.2 NAM	Y-ST- .E VÆ	- ZIP .	· 11 文格等	· · · ·	Change	Addition
TITLE		<u> </u>		5.1 TITL 5.2 NAM 5.3 STR	Y-ST- LE VÆ REET	- ZIP ADDRESS	,	<u></u>	Change	☐ Addition
TITLE NAME			☐ DELETÉ	5.1 TITL 5.2 NAW 5.3 STR 5.4 CITY	Y-ST- LE ME REET	- ZIP ADDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	EV	<u>ji yi wa</u>		5.1 TITL 5.2 NAW 5.3 STR 5.4 CITA 6.1 TITL	Y-ST- LE WE REET A Y-ST- LE	- ZIP ADDRESS	,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETÉ	4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR 5.4 CITY 6.1 TITL 6.2 NAW	Y-ST- LE ME REET (Y-ST- LE	- ZIP ADDRESS	,			

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)(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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Jan 26, 1999 8:00am

Secretary of State