-70W: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997

NAME STREET ADDRESS

CHTY-S1-7IP

SIGNATURE

Lam an officer or director of the co-appears in Block 12 or Block 12



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G58746

(0)

ST. LAURENT GLASS & MIRROR, INC.

FILED							
Feb 25 1997	8:00am						
Secretary o	f State						

Principal Place of Business Mailing Address 3599-23RD AVE. SOUTH 3599-23RD AVE. SOUTH BAY 10 LAKE WORTH FL 33461 LAKE WORTH FL 33461-3248						
US		US			 Date Incorporated or Qualified 09/09/1983 	3a. Date of Last Report 05/01/1996
2. Principal P	hace of Business	2a. Mailing Address 26			4. FEI Number 59-2318798	Applied For Not Applicable
Suite Apt		Suire, Apt. #, etc.			5. Certificate of Stafus Desired	\$8.75 Additional Fee Required
City & Stat	, ,,	City & State	·•		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζ)ρ 24	Country 25	Zip 29	Country 30	′ 		Yes No
	9. Name end Address of Curren	t Registered Agent		,	10. Name and Address of New Re	gistered Agent
	Laurent, Yvon 5 Tourmaline Blvd.		81		ress (P.O. Box Number is Not Acceptab	lo)
	YNTON BEACH FL 33437-9419		83		ress (r.o. box number is not Accaptab	10)
			84	ļ		FL 85 Zip Code
SIGNATURE	Signature, type disciplinated manner of registered age. OFFICERS AND		TE Registered Ag	ent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIDECTORS IN 12
TILE	PT	DELETE	1.1 TITLE		7,0011010701111000 10 01110	Change Addition
NAME STREET ADDRESS	ST. LAURENT, YVON G. 8545 TOURMALINE BLVD.		1.2 NAME	I ADDRESS		
CITY - S1 - ZIP	BOYNTON BCH. FL	The state of the s	1.4 CITY-	ST-ZIP		
NAME	VS ST. LAURENT, NORMA A.	☐ DELETE	2.1 TITLE 2.2 NAME			L Change L Addition
STREET AODRESS CITY-SI-ZIP	8545 TOURMALINE BLVD. BOYNTON BCH. FL		23 STREE 2 4 City-	T ADDRESS ST-ZIP		
NAME		☐ DELETE	3.1 TITLE 3.2 NAME			Change Addition
STREET ADDRESS			3.3 STREE 3.4. CITY -	T ADDRESS		
lifts		DELETE	4.1 TITLE	01 211		☐ Change ☐ Addition
NAME			4. 2 NAME	i		-
STREET ADDRESS				T ADDRESS		
CHY-S1 7IP		DELETE	4.4 CITY - 5 1 TITLE	ST-ZIP		Change Addition
TITLE NAME		בן עננונ	5.2 NAME	-		CT Avenue CT LOCKHON
STREET ADDRESS			5.3 STREE	T ADDRESS		İ
C(TY - ST - ZIP		DELETE	5.4 CHY-	ST-ZIP		Change Addition

6.2 NAME

14. I do 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 trust compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP