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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

4636 ASHTON ROAD



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G79143

(5)

GULFSHORE GLASS AND MIRROR, INC.

Mailing Address

4636 ASHTON ROAD

Jun 05	1997	8:00am								
Secre	etary o	of State								

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SARASOTA FL 34233		SARASOTA FL 34233-3408							
						3. Date Incorporated or Qualified 01/17/1984		te of Last 9 24/1996	Report
— '	Place of Business	2a. Mailing Address				4. FEI Number		}	pplied For
21 Suite, Apt.	# oto	Suite, Apt. #, etc.				59-2431644			lot Applicable
22 Suite, Apr.	w, etc.	27 Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	te	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			мау ве I to Fees
Zip	Country	Zıp	Cou	ntry		8. This corporation has liability for i	ntangible		· · · · · · · · · · · · · · · · · · ·
24	25	29	30				Yes [
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	Agent	
	DEAUX, DOUGLAS			81	Name				
	WINDWARD DR.			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)	 	
OSP	PREY FL 34229								
				83					
				B4	City			85 Zip	Code
44 5				Ш			<u> </u>		
office or i agent. I s	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, Fl	nes, me ai authorize Iorida Stat	d by ules	the corpor the	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose or of the app	ointment a	s registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NO	TE Hegistere	d Age	nt signature req	pured when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	DP	☐ DELETE	1.1 70	ΙLE				Change	Addition
NAME	BERDEAUX, DOUGLAS A.		1.2 N/	ME					
STREET ADDRESS	161 WINDWARD DR.		1.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	OSPREY FL		1.4 Cl	TY-S	(- ZIP				
TITLE	D	☐ DELETE	2.1 T/	ΙLE				L Change	Addition
NAME	BERDEAUX, LILLIAN L.		2.2 N/	ME					
STREET ADDRESS	161 WINDWARD DR.		2.3 S1	REET	ADDRESS				
CITY-ST-ZIP	OSPREY FL	DELETE			ST - ZIP			Charas	T Addition
TITLE		□ DECCIE	3.1 TC					☐ Change	Addition
NAME STREET ADDRESS			3.2 N/		4000000				
CITY-ST-ZIP					ADDRESS				
TITLE		DELETE	3.4. C 4.1 TC		1-212	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			4. 2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CI						
TITLE		DELETE	5.1 71				· ·· · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			5.2 NA					J	
STREET ADDRESS			5.3 \$1	REET.	ADDRESS				
CITY-ST-ZIP			5.4 CI		1				
TITLE		DELETE	6.1 TI					Change	Addition
NAME			6.2 NA	ME					į
STREET ADDRESS			6.3 ST	REET.	ADDRESS				
CITY-ST-ZIP			6.4 CI	TY-SI	T- ZIP				

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 trusted 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.