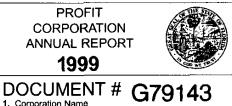
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

GULFSHORE GLASS AND MIRROR, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90038 042 ***150.00

Principal Place of Business Mailing Address						1 100000 10000 10000 10000 1010 01010 01010 01010 01010 01011 01011 01011 01011 01011 01011 01011 01011 01011
4636 ASHTON ROAD 4636 ASHTON ROAD SARASOTA FL 34233 SARASOTA FL 34233						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						01/17/1984
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						59-2431644 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
27						Certificate of Status Desired
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23 28						Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29 3	Zip Count			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
<u>1</u>	9. Name and Address of Curre					10. Name and Address of New Registered Agent
			8	31	Name	
BERDEAUX, DOUGLAS 161 WINDWARD DR.				32	Street Add	ddress (P.O. Box Number is Not Acceptable)
				-	Ollectrica	odicco (1.0. dox realises to restricted passe)
OSPREY FL 34229			8	33		
			8	34	City	85 Zip Code
				1	•	FL '
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						
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statute	es.	ic corporati	distribution of discourse visitory descriptions approximately and approximately approx
SIGNATURE						
40	Signature, typed or printed name of registered age		Registered A	gent	signature require	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	DP OFFICERS AI	ND DIRECTORS	1.1 TITLE		$ \top$	Change Addition
NAME	BERDEAUX, DOUGLAS A.		1.2 NAME			_ , _ _
STREET ADDRESS	161 WINDWARD DR.		1		ADDRE\$S	
	OSPREY FL		1.4 CITY			i
CITY-ST-ZIP	00111111	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	BERDEAUX, LILLIAN L.		2.2 NAME		}	
STREET ADDRESS	161 WINDWARD DR.		2.3 STRE	EETA	ADDRESS	
CITY-ST-ZIP	OSPREY FL		2. 4 CITY	r-ST-	- ZIP	
TITLE			3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STRE	EET A	ADDRESS	
CITY-ST-ZIP			3.4. CITY	(-ST-	-ZIP	
TITLE		☐ DELETE	4.1 TITLE	E		Change Addition
NAME			4. 2 NAV	Æ		
STREET ADDRESS			4.3 STRE	EET A	ADDRESS	
CITY-ST-ZIP			4.4 CITY	·ST-	ZIP	
TMÉ		☐ DELETE	5.1 TITLE		İ	☐ Change ☐ Addition
NAME			5.2 NAM			
STREET ADDRESS			1		ADDRES\$	
CITY-ST-ZIP		[] per	5.4 CITY		ZIP	Change
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAM		1000000	
STREET ADDRESS			6.3 STR	EET/	ADDRESS	

6.4 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 suppliemental 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 chapter 607, or on an attachment with any odress, with all other like empowered.

SIGNATURE: