


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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90163 004 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H02709					
1. Corporation Name NEBULA GLASS INTERNATIONAL, INC.					
Principal Place of Business 2059 BLOUNT ROAD POMPANO BEACH FL 33069 US			Mailing Address 2059 BLOUNT ROAD POMPANO BEACH FL 33069 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/03/1984	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2409822	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
HOWES, VIOLET 741 S.E. 6TH TERRACE POMPANO BEACH FL 33060			81 Name HOWES, VIOLET		
			82 Street Address (P.O. Box Number is Not Acceptable) 2631 N.E. 4TH STREET		
			83		
			84 City POMPANO BEACH FL 85 Zip Code 33062		
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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> DELETE				
NAME	HOWES, STEPHEN				
STREET ADDRESS	741 SE 6 TERRACE				
CITY-ST-ZIP	POMPANO BCH FL				
TITLE	SD <input type="checkbox"/> DELETE				
NAME	HOWES, VIOLET				
STREET ADDRESS	741 SE 6 TERRACE				
CITY-ST-ZIP	POMPANO BCH FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME HOWES, STEPHEN					
1.3 STREET ADDRESS 2631 N.E. 4TH STREET					
1.4 CITY-ST-ZIP POMPANO BEACH, FL 33062					
2.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME HOWES, VIOLET					
2.3 STREET ADDRESS 2631 N.E. 4TH STREET					
2.4 CITY-ST-ZIP POMPANO BEACH, FL 33062					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Violet Howes
VIOLET HOWES

4/14/99

Date

(954)975-3233

Daytime Phone #

CR2E034 (1/98)

0166321