CR2E034 (1.1/98)

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

 Corporation 	n Name										
NEBULA GLASS INTERNATIONAL, INC.							ĺ				
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POMPANO BEACH FL 33069 POMPANY BEACH FL 33069						ĺ					
us us								DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified			
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Principal Place of Business 2a. Mailing Address								05/03/1984 4. FEI Number			Applied For
2. Principal Place of Business				28. Walling Address			İ	59-2409822		H	Not Applicable
Suite, Apt. #, etc.			20	Suite, Apt. #, etc.			-			\$8.7	5 Additional
22	,		27					5. Certifcate of Status Desired	M		Required
City & Stat	e			City & State			Ì	6, Election Campaign Financin	g ,	\$5.0	00 May Be .
23			28				ı	Trust Fund Contribution	" ^[]	Add	ed to Fees
Zip		Country		Zip	Cour	etry	Ī	8. This corporation owes the co	urrent year		<u></u>
24		25	29		30			Personal Property Tax.		☐ Yes	□No
	9. Name	and Address of Cu	urrent Regis	tered Agent		24 1		10. Name and Address of Nev	v Register	red Agent	
⊔∩и	ES, VIOLE	er e				81 Name	HO	WES, VIOLET			
	S.E. 6TH T							s (P.O. Box Number is Not Acce			
		CH FL 33060		83		26	31 N.E. 4TH STREE	T			
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			•	Ì				3062			
11. Pursuant	to the provis	ions of Sections 607	7.0502 and 6	07.1508, Florida Stat	tutes, the ab	ove-named	corpor	ation submits this statement for the sound of directors. I hereby according to the statement of the statement for the statement for the statement of the sta	he purpose	e of changing	its registered
office of r	egistered ag m familiar wi	ent, or both, in the S ith, and accept the o	State of Florid obligations of	sa. Such change was . Section 607.0505. F	autnonzed Iorida Statu	by the corpo	oration	s board of directors. Thereby act	sehr me at	pontinent a	s registered
SIGNATURE		•				·					
SIGNATURE		or printed name of registers	ed agent and title	if applicable. (NO	TE: Registered	Agent signature re		hen reinstating)	DATE	<u> </u>	
SIGNATURE	Signature, typed	or printed name of registers		if applicable. (NO	TE: Registered .	Agent signature re	equired w		DATE	AND DIREC	CTORS IN 12
SIGNATURE 12. TITLE	Signature, typed	or printed name of registers OFFICER	ed agent and title	if applicable. (NO	13.	Agent signature r	equired w	hen reinstating) ADDITIONS/CHANGES TO C	DATE	<u> </u>	CTORS IN 12
SIGNATURE 12. TITLE . NAME	Signature, typed P HOWES,	or printed name of registers OFFICER	ed agent and title	if applicable. (NO	13. 1.1 TIV	Agent signature re	P HO	ADDITIONS/CHANGES TO C	DATE	AND DIREC	CTORS IN 12
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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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

Pikeruakorsquiviõiet howes SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

(954)975-3233