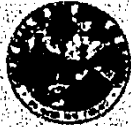


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 26 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H94584** (0)

1. Corporation Name  
**GOLDEN GLASS & MIRROR, INC.**

Principal Place of Business	Mailing Address
605 NW 53RD AVENUE SUITE 1-4 GAINESVILLE FL 32609 US	605 NW 53RD AVENUE SUITE A-4 GAINESVILLE FL 32609 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>01/16/1986</b>	3a. Date of Last Report <b>05/11/1994</b>
4. FEI Number <b>59-2654338</b>	Applied For... <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>605 NW 53rd Ave</b>	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Suite A-4</b>	27
City & State	City & State
23 <b>Gainesville FL</b>	28
Zip	Country
24 <b>32609</b>	25 <b>USA</b>
29	30

9. Name and Address of Current Registered Agent

**DEFFENBAUGH, GEORGE**  
**605 NW 53RD AVENUE, SUITE A-4**  
**GAINESVILLE FL 32609**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
<b>FL</b>
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>
NAME	<b>DEFFENBAUGH, GEORGE</b>
STREET ADDRESS	<b>HOLIDAY FARMS #9</b>
CITY-ST-ZIP	<b>ARCHER FL</b>
TITLE	<b>DVS</b>
NAME	<b>FULGHAM, MARVIN D.</b>
STREET ADDRESS	<b>2108 NW 67TH PL #14</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>605 NW 53rd Ave Suite A-4</b>
2.4 CITY-ST-ZIP	
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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: George Deffenbaugh 4/20/95 9043786152  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #