SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT** # (5) J63502 THE LOOKING GLASS, INC. Mailing Address Principal Place of Business 2446 SHERIDAN ST 2446 SHERIDAN ST. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 3. Date Incorporated or Qualified 3a. Date of Last Report 07/31/1995 03/18/1987 Applied For 4. FEi Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0016446 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Zip Country Zip ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name HOPPER, RITA Street Address (P.O. Box Number is Not Acceptable) 82 2446 SHERIDAN STREET HOLLYWOOD FL 33020 83 85 Zip Code 84 City FL 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purcose 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, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Rogistered Agent's goalure required when reinstating) Signature, typed or printed name of registered agent and tille if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 113611 n TITLE CR2E034 HOPPER, RITA 1.2 NAME NAME 13 STREET ADDRESS 1526 GARFIELD ST STREET ADDRESS 1 4 CITY - ST - ZIP HOLLYWOOD FL CITY-ST-ZIP Change Addition DELETE 2.1 TiTLE TITLE D 2.2 NAME BETZING, ANNE V. NAME 2 3 STREET ADDRESS **3401 SW 32ND COURT** STREET ADDRESS HOLLYWOOD FL 2 4 CITY - ST - 7IP DITY-ST-ZIP Change Addition DELETE 3.1 THLE TITLE 3.2 NAME HAMWAY, SARAH NAME 3 3 STREET ADDRESS 1215 N 15TH COURT STREET ADDRESS 34 CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - St - ZiP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE NAME 53 STREET ADDRESS STREET ADDRESS 54 City - ST-ZIP CITY-S1-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 119.07(3)(x). 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 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 further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x). Florida Statutes I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on the same legal effect as if further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated in Section 119.07(3)(x). Florida Statutes I further certify that the information indicated in Section 119.07(3)(x). Florida Statutes I further certify that the information indicated in Section 119.07(3)(x). Florida Statutes I further certify that the information indicated in Section 119.0 6 4 CITY - ST - ZIP