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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J63502

THE LOOKING GLASS, INC.

(5)

FILED Apr 25 1997 8:00am Secretary of State



Suite, Apt. 22 City & State	i ST. L 33020 ace of Business #, etc.	Mailing Address 2446 SHERIDAN ST. HOLLYWOOD FL 33020-2064 28. Mailing Address 26 Suite, Apt. #, etc. 27 City & State			3. Date Incorporated or Qualified 03/18/1987 08/12/1996 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees				
23 Zip 24	Country 25	28 Zip 29	Cou	intry		Trust Fund Contribution 8. This corporation has lia Florida Statutes	ability for intan	gible tax under s s \[\] No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of	' New Registe	ered Agent	
HOP	PER, RITA			81	Name				
2446 SHERIDAN STREET HOLLYWOOD FL 33020				82	Street Add	ress (P.O. Box Number is Not	Acceptable)		
:				83			, , , , , , , , , , , , , , , , ,		
				84	City			FL 85 Zip (Code
office or r agent. La		e of Florida Such change was a pations of, Section 607.0505, Floring and title of applicable (NOT ND DIRECTORS)	authorize orida Stat	d by tutes.	the corpora	poration submits this statemention's board of directors. I here red when reinstating) ADDITIONS/CHANGES	eby accept the	e appointment as	registered
TOLE NAME STREET ADDRESS CHY-ST-ZIP	D HOPPER, RITA 1528 GARFIELD ST HOLLYWOOD FL	☐ DELETE	1.4 CI	AME Treet /	ADORESS - ZIP			Change	Addition
TITLE NAME STREET ADDRESS C-TY+ST+ZIP	D BETZING, ANNE V. 3401 SW 32ND COURT HOLLYWOOD FL	☐ DELETE		AME	ADDRESS 1-Zip			Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Hamway, Sarah 1215 n 15th Court Hollywood Fl	DELETE	3.2 N 3.3 S	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP				Change	Addilion
TITLE NAME STHEEL ADDRESS LOTY: STIZE		DELETE		NAME	ADORESS			[] Change	Addition
TITLE NAME STREET ADORESS		☐ DELETE	5.1 TI 5.2 N 5.3 S	ITLE IAME TREET (address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE		6.1 TI 6.2 N 6.3 S	6.1 TIFLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				Change	Addition

I. Loo 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.

SIGNATURE:

Rata HOPPER RITA HOPPER 4/9/97 954-921-0646
GNATURE AND TYPED OR PRINTED NAME & SIGNING OFFICER OR GURECTOR