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

Apr 07 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name K22742 (6)LAKE WORTH GLASS & MIRROR, INC. Principal Place of Business Mailing Address **5000 LAKE WORTH ROAD** 5000 LAKE WORTH ROAD SUITE 514 SUITE 514 DO NOT WRITE IN THIS SPACE LAKE WORTH FL 33463 LAKE WORTH FL 33463 3. Date Incorporated or Qualified 05/05/1988 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 65-0053937 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 🔼 Yes ☐ No 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEPASQUALE, JAMES **5000 LAKE WORTH ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 514** 83 LAKE WORTH FL 33463 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 registured agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Fam familial with, and accept the obligations of, Section 607.0505, Florida Statutes. Below SIGNATURE signature required when reinstating DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TETLE 11 TITLE NAME DEPASQUALE, JAMES 1.2 NAME 5000 LAKE WORTH ROAD STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-\$1-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-\$1-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY ST-ZIP ☐ Addition DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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14. Thereby 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 arrival report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

Where 3/30/98 SCI-967-9469 SIGNATURE:

CITY-ST-ZIP