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

Mailing Address

P.O. BOX 161478

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K57574**

1. Corporation Name

Principal Place of Business

2258 APOPKA BLVD

ALTAMONTE GLASS & MIRROR, INC.

SUITE 201 APOPKA FL 32703		ALTAMONTE SPRINGS FL 32716-1478 US		DO NOT WRITE IN THIS SPACE			
US		03	03		3. Date Incorporated or Qualifed		
					01/09/1989		
2. Principal Pl	lace of Business	2a. Mailing Address	,		4. FEI Number	Ar	plied For
1 26				59-2930378	No	ot Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5, Certifcate of Status Desired	* '	Additional === =
22		27			5. Certificate of Citator Doubles	Fee Re	equired
City & State	e	City & State			6. Election Campaign Financing	•	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intangible		
24	25	29 30			Personal Property Tax. Yes □ No 10. Name and Address of New Registered Agent		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Regis	tereu Agent	
PAGAN, JOSEPH M.				Name			
685 OAK HOLLOW WAY ALTAMONTE SPRINGS FL 32714			82	Street Address (P.O. Box Number is Not Acceptable)			
			83				
ALIA	AMONTE SITURGO LE SELLA		83				
			84	City		Fi 85 Zip	Code
		1 000 Ft 11 01 14			and a submite this statement for the num		registered
office or o	egistered agent, or both, in the State o	n Florida. Such change was auth	iorizea by	the corporatio	oration submits this statement for the purpon's board of directors. I hereby accept the	appointment as re	gistered
agent. I ai	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes	i.			ļ
SIGNATURE		ALOTE D	ninternal Ann	nt signature required	d whos coincitating)	ATÉ	\
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	rit signature recores	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE .	PTD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	PAGAN, JOSEPH M.		1.2 NAME				
STREET ADDRESS	685 OAK HOLLOW WAY		13 STREE	T ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-S				
TITLE	ALIMIONIE OF MINOS FE	☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP							
TITLE			2.4 CITY-5	ST-ZIP			
		☐ DELETE	2.4 CITY-5 3.1 TITLE	ST-ZIP		☐ Change	☐ Addition
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STREET ADDRESS		☐ DELETE	3.1 TITLE 3.2 NAME	T ADDRESS		☐ Change	
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6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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.

Date

Daytime Phone #

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90047 044 ***150.00