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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # K58215

(0)

MAGIC GLASS BY JEAN, INC.

Principal Place of Business Mailing Address													
5617 N.W. 84TH TERRACE TAMARAC FL 33351-4304				5617 N.W. 84TH TERRACE TAMARAC FL 33351-4304 US									
									3. Date Incorporated or Qualified 01/13/1989		ate of Last F /14/1996	Report	
	lace of Busi	ness		2a. Mailing Address					4. FEI Number		A	pplied For	
21 Cuita Ant	# ala			26					65-0092843			lot Applicable	
Suite, Apt.			27						5. Certificate of Status Desired			Additional lequired	
City & State	e		City	Crty & Stato					6. Election Campaign Financing		\$5.00	May Be	
Zip Country			28	Zip Country					Trust Fund Contribution			to Fees	
24	25		29	—,					8. This corporation has liability for	or intangible tax under s. 199 032, Yes No			
24]	9. Name and Address of Current								Florida Stalutes Yes No 10. Name and Address of New Registered Agent				
QUI		ARVIN, P.A.		<u> </u>		81	Name				- Iguin		
	1 N.W. 4TI						Cerco	i Andalia	Iress (P.O. Box Number is Not Acceptable)			 	
SUITE 101							Street	i Addres	ss (P.O. Box Number is Not Accept	abie)			
PLANTATION FL 33317													
						84	City		7	FL	85 Zip	Code	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida 						bove	-name	d corpoi	ration submits this statement for the		• d changing	its registered	
office or re agent. I as	egis te red aç m familiar w	gent, or both, in the State ith, and accept the oblica	of Florida. S ations of, Se	Such change was ction 607,0505, Fi	authorizo Iorida Sta	d by tutes	the co	rporatio	n's board of directors. I hereby acc	ept the apr	pointment as	s registered	
SIGNATURE				·									
Signature, typed or printed name of registered agent and title if application. (NO)						Registered Agent signature require				DATE			
12.	De .	OFFICERS AN	D DIRECTO				13.		ADDITIONS/CHANGES TO OFF	ICERS AND			
TITLE	PS ZIPPO, RITA JEAN		☐ DELETE			1.1 TITLE			•		(X) Change	Addition	
NAME		PLACIDA DRIVE			1.2 N			بر سرا					
STREET ADDRESS		SPRINGS FL					ADDRESS		11 N.W. 87th TERRAC				
CITY-ST-ZIP TITLE	10	31 TUITOO 1 E		DELETE	~	IY-S	1 · ZIP	La	uderhill, Fla 33	<u>351 </u>	T27 05		
NAME		RITA JEAN			2111						Change		
STREET ADDRESS		APLACIDA DRIVE			22 N		ADDIV CO	6.	01 1/1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
CITY-ST-ZIP		SPRINGS FL					ADDRESS	2.1	91 NW 87th. TERRY	CE			
TITLE				DELETE	31 II		51 - ZIP	بالما	udernill, Fla 3	2001	Change	Addition	
NAME					3 2 N						[_] Onlinge		
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP							31 - Z(P						
TITLE		· · · · · · · · · · · · · · · · · · ·		DELETE	4.1 Ti		71 211			· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME					4.2 N	AME							
STREET ADDRESS					•		ADDRES\$						
CITY-ST-ZIP					4.4 CI								
TITLE				DELETE	5.1 %			1			Change	Addition	
NAME					5.2 N	ME					<u>.</u>		
STREET ADDRESS							ADDRESS	-					
CITY-ST-ZIP					5.4 CI								
TITLE				DELETE	6.1 TI			1			Change	Addition	
NAME					6.2 N	\ME					-		
STREET ADDRESS					6.3 ST	RECL.	ADDRESS						

14. I do 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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

6.4 CHTY-ST-ZIP

FILED

May 15 1997 8:00am

Secretary of State