FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 PROFIT CORPORATION ANNUAL REPORT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State 1997 DIVISION OF CORPORATIONS

May 14 1997 8:00am Secretary of State

OBA: TOMMY'S GLASS	And Mirror			
Principal Place of Business	Mailing Address			
			3. Date Incorporated or Qualified	3a. Date of Last Report
			7.77	1996
2. Principal Place of Business	2a. Mailing Address	. 4	4. FEI Number	Applied For
21 28/7 Huy 77 Suite, Apt. #, etc.	26 /30 x /4/2	08	59. 294 1551	Not Applicable
22	<u> </u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6 Floating Compaign Financia	<u>-</u> -
23 PANAMA Ciry, FL.	28 LYNN HAV	ed. El.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for in	
24 32405 25 USA	29 32444	30 ZSA	Florida Statutes	Yes No
9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Reg	
7 11		81 Name		
, Jekkick Dometic	4	82 Street Addre	ess (P.O. Box Number is Not Acceptable	e)
112 6. 3rd Court				= ,
	· • •	83		
* YAVAMA CIN, FL.	224/11	84 City		85 Zip Code
				FL
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig 	i of Florida. Such change was au	ithorized by the corporalic	oration submits this statement for the pu on's board of directors. I hereby accept	rpose of changing its registered in the appointment as registered
SIGNATURE				
Signature, typed or printed name of registered age 12. OFFICERS AN		flugistered Agent signature require 13.	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
TITLE Francisco	DELETE	1.1 DILE	1.5511010707744020 10 011101	ERS AND DIRECTORS IN 12 Change Addition
NAME Done is Journey		1.2 NAME		
STREET ADDRESS YOUR OSPRAY TO	غاندان	1.3 STREET ADDRESS		
CITY-ST-ZIP PAUANA CON. F	2. 32409	1.4 CITY-S1-ZIP		
TITLE	DELETE	21 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY - ST • ZIP		
THLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CHY-ST-ZIP		
TITLE	∐ DELETE	4111111		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CHY+S1+ZIP		
TITLE	☐ DELETE	5 1 11111		Change Addition
NAME CERCEL ADDRECC		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	54 CHY-ST-ZIP 61 TILLE		Change Addition
NAME	C VILLIE	62 NAME	Emm bund tunn tunn tunn vunn de ven	_ •
STREET ADDRESS		6.3 STREET ADDRESS	5000021 5 -05/27/97010	10795 (5
CITY-ST-ZIP		6.4 CITY - ST - 7/P	***185.00	12008 5/14/97
14. I do hereby certify that the information supplied	d with this filing does not qualify		ন Section 119.07(3)(i), Florida Statutes	I further certify that the

or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that or the resource or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

904.769.3325