

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L32278** (8)

1. Corporation Name

THE GLASS & MIRROR CONNECTION, INC.



Principal Place of Business

Mailing Address

% MICHAEL DOLAN
208 N. FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441

% MICHAEL DOLAN
208 N. FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified **11/28/1989** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21 2a. Mailing Address 26 4. FEI Number **65-0163497** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOLAN, MICHAEL
208 N. FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME DOLAN, MICHAEL
STREET ADDRESS 318 SE 8TH AVE
CITY-ST-ZIP DEERFIELD BEACH FL ☐ DELETE

1 1 TITLE
12 NAME
13 STREET ADDRESS 1460 SW 24 TERR
14 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DVP
NAME DOLAN, RENEE
STREET ADDRESS 318 SE 8TH AVE
CITY-ST-ZIP DEERFIELD BEACH FL ☐ DELETE

2 1 TITLE
22 NAME
23 STREET ADDRESS 1460 SW 24 TERR
24 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-421-5229

CR2E034 (12/95)