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PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L37327

(8)

CENTURY GLASS & MIRROR, INC.

-	
Mailing Address	1 1941
4310 W. HUMPHREY ST	
	· ·

FILED May 28 1997 8:00am Secretary of State



							3. Date Incorporated or Qualified 12/14/1989		te of Las 7/1996	
~-··	Place of Business		2a. Mailing Address				4. FEI Number			Applied For
21		20					59-2986787			Not Applicable
Suite. Apt. #, etc. Suite, Apt. # 22 27							6. Certificate of Status Desired			5 Additional Required
City & Sta 23	ato	2:				·	Election Campaign Financing Trust Fund Contribution			May Be
Ζφ 24	25 Count	2:		30 Co.	intry		8. This corporation has liability for Florida Statutes		lax unde No	r s. 199.032,
	9. Name and Addr	ess of Current Reg	gistered Agent				10. Name and Address of New Re	gistered A	\gent	
	ssola, manuel a.				81	Name				
	10 W. SLIGH AVE.				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
TAN	MPA FL 33614								· · · · · · · · · · · · · · · · · · ·	
					83					
					84	City			85 Z	p Code
11 Pursume	t to the provisions of San	tions 607.0502 and	CO7 1509 Florida C	totutos the s		nomad corn	oration submits this statement for the p	FL		
olfice or agent L SIGNATURE	am from ar with, and acc	the State of Fig.	orida. Such change v s of, Socion 607,0508	was authorize 5, Florida Stal	d by tutes.	the corporati	on's board of directors. I hereby accept	19	intment 91	as registered
12.	Signature, typied or printed nam	e of registered agent and DFFICERS AND DIF		(NOTE: Registere	d Ager	il signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE F	DIDECT	ODC 111 40
TITLE	D	IT TOLING AND DIF	DELETE		tı F		ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	
NAME	MASSOLA, MANUE	L A.		1.2 N/				'	C CHAIN	o LI Addition
STREET ADDRESS	ARAG ME CHICLE AN			1						
				■ 13SI	irffi J					
C TY - ST - Z/P	TAMPA FL			1.3 SI 14 CI			•			
C TY+ST+ZIP TITLE	1		☐ DELETE	1.4 CI	ITY-\$T				Chang	e Addition
	1		☐ DELETE	1.4 0	TY-\$T TLE				Chang	e Addition
TITLE	TAMPA FL		☐ DELETE	1.4 Cl 2.1 Tl 2.2 N/	ity-st Tle Ame				Chang	e Addition
TITLE NAME	TAMPA FL		☐ D£LETE	1.4 Cl 2.1 Tl 2.2 N/ 2.3 Sl	ity-st Tle Ame	-ZIP			<u>Chang</u>	e Addition
TITLE NAME STREET ADDRESS	TAMPA FL		☐ DELETE	1.4 Cl 2.1 Tl 2.2 N/ 2.3 Sl 2.4 C	TY-ST TLE AME THEET A	-ZIP			☐ Change	
TITLE NAME STREET ADDRESS CHY-SL-Zi?	TAMPA FL			1.4 Cl 2.1 Tl 2.2 N/ 2.3 Sl 2.4 C	TY-ST TLE AME THEET A TTY-ST	-ZIP			•	
THE NAME STREET ADDRESS OHY-SI-ZE THE	TAMPA FL			1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 T/ 3.2 N/	TY-ST TLE AME THEET A TTY-ST TLE AME	-ZIP			•	
TITLE NAME STREET ADDRESS OHY-SE-ZO TITLE NAME	TAMPA FL		☐ DELETE	1.4 CI 2.1 TI 22 N/ 23 SI 2.4 C 3.1 TV 3.2 N/ 3.3 SI 3.4 C	TY-ST TLE AME THEET A TTY-ST TLE AME	- ZIP ADDRESS 1- ZIP ADDRESS			•	
TOTLE NAME STREET ADDRESS COTY-ST-ZOT TOTLE NAME STREET ADDRESS	TAMPA FL			1.4 CI 2.1 TI 22 N/ 23 SI 2.4 C 3.1 TV 3.2 N/ 3.3 SI 3.4 C	TY-ST TLE AME THEET A TLE AME THEET A THEET A THEET A	- ZIP ADDRESS 1- ZIP ADDRESS			•	e 🔲 Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZOT TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL		☐ DELETE	1.4 CI 2.1 TI 22 N/ 23 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 3.4 C	TY-ST TLE THEET A HTY-ST TLE THEET A TTY-ST TLE	- ZIP ADDRESS 1- ZIP ADDRESS			☐ Chang	e Addition
TOTLE NAME STREET ADERESS CHY-SI-ZOT TOTLE NAME STREET ADDRESS CHY-SI-ZIP TOTLE	TAMPA FL		☐ DELETE	1.4 CI 2.1 TI 22 NJ 23 SI 2.4 C 3.1 TV 3.2 NJ 3.3 SI 3.4 C 4.1 TV	TY-ST TLE THEET A HTY-ST TLE THEET A TLE THEET A TLE THEET A	- ZIP ADDRESS 1- ZIP ADDRESS			☐ Chang	e Addition
TOTLE NAME STREET ADERCSS OUTY-ST-ZO* TOTLE NAME STREET ADDRESS OUTY-ST-ZOP TOTLE NAME STREET ADDRESS OUTY-ST-ZOP	TAMPA FL		☐ DELETE	1.4 CI 2.1 TI 22 NJ 2.3 SI 2.4 C 3.1 TI 3.2 NJ 3.3 SI 3.4 C 4.1 TI 4.2 NJ 4.3 SI 4.4 CI	TY-ST TLE AME THEET / HTY-ST TLE AME TY-ST TLE AME TY-ST TLE AME TY-ST	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS			☐ Change	e Addition
TOTLE NAME STREET ADDRESS COLY-SI-ZO TOTLE NAME STREET ADDRESS COLY-SI-ZIP TOTLE NAME STREET ADDRESS COLY-SI-ZP TOTLE NAME	TAMPA FL		☐ DELETE	1.4 CI 2.1 TI 22 NJ 2.3 SI 2.4 C 3.1 TV 3.2 NJ 3.3 SI 3.4 .C 4.1 TV 4.2 NJ 4.3 SI 4.4 CI 5.1 TV	TY-ST TLE THET / THE THET / THE	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS			☐ Chang	e Addition
TOTLE NAME STREET ADDRESS OUTY-ST-ZEP TOTLE NAME STREET ADDRESS COTY-ST-ZEP TOTLE NAME STREET ADDRESS OUTY-ST-ZEP TOTLE NAME NAME NAME	TAMPA FL		☐ DELETE	1.4 CI 2.1 TI 2.2 Ni 2.3 SI 2.4 C 3.1 Ti 3.2 Ni 3.3 SI 4.4 CI 4.2 Ni 4.3 SI 4.4 CI 5.1 TI 5.2 Ni	TY-ST TLE AME THEET / TLE AME THEY-ST TLE AME TREET / TLE AME TY-ST TLE	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 2- ZIP			☐ Change	e Addition
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THE NAME STREET ADDRESS CHY-ST-ZE*	TAMPA FL		☐ DELETE	1.4 CI 2.1 TI 22 NJ 2.3 SI 2.4 C 3.1 TV 3.2 NJ 3.3 SI 3.4 .C 4.1 TV 4.2 NJ 4.3 SI 4.4 CI 5.1 TI 5.2 NJ 5.3 ST	TY-ST TILE AME THEET / TILE AME THEET / TILE AME THEET / TILE AME THEET A TY-ST TILE AME TY-ST TILE AME TY-ST TILE AME TY-ST TILE AME TY-ST TILE TILE TY-ST TILE TY-ST TY-ST	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS ADDRESS ADDRESS			Change	e Addition Addition Addition
THE NAME STREET ADDRESS CHY-ST-ZP THE	TAMPA FL		☐ DELETE	1.4 CI 2.1 TI 22 NJ 23 SI 2.4 C 3.1 TI 3.2 NJ 3.3 SI 3.4 C 4.1 TI 4.2 NJ 4.3 SI 4.4 CI 5.1 TI 5.2 NJ 5.3 ST 5.4 CI 6.1 TI	TY-ST TLE AME THEY-SI THE	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS ADDRESS ADDRESS			☐ Change	e Addition Addition Addition
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If the 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 an endfloer 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:

INATURE AND TYPEO OH PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

H19/97 813-

813-882-8247