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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9200005924

1. Corporation Name

STREET ADDRESS

CITY+ST-ZIP

NAME

GLASS EMPORIUM, INC.	
Principal Place of Business	Mailing Address
5601-5603 HOLLYWOOD BLVD. UNIT E-206 HOLLYWOOD FL 33021	780 N.E. 199 STREET Unit E-206 North Miami Beach Fl 33179-3011
U\$	US
2. Principal Place of Business 121 5601-5603 Horrywoods	2a. Mailing Address 3L√D 26
Suite, Apt. #, etc. 22 No SUITE #	Suite, Apt. #, etc.
23 HOLLYWOOD FL Zip Country	28 Country
33021 3 ilsa	29 30

HOLLYWOOD F	L 33021	NORTH MIAMI BEACH FL 331	79-3011		DO NOT WRI	TE IN THIS SPACE	<u> </u>
US		US			Date Incorporated or Qualifed		
					11/19/1992		
2. Principal P	lace of Business /	2a. Mailing Address			4. FEI Number		Applied For
21 360	1-5603 HOLLYWOODBLYD	26			65-0368959		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		5Certifcate of Status Desired	7	75 Additional
22 🕢	O SUITE#	27				/ Fe	ee Required
City & State	9	City & State			6. Election Campaign Financing		.00 May Be
	YWOOD FL	28	C		Trust Fund Contribution		ided to Fees
Zip. 24 33	Country DZ 1 25 1/SA	Zip	Country	Y	8. This corporation owes the curr	rent year Intangible Ye:□	
24 234	9. Name and Address of Current	29 3	01		Personal Property Tax. 10. Name and Address of New I		5 2140
	9. Name and Address of Current	vediarelen Wallt	81	Name	ID. Hame and Address of New C		
PAVI	LACK, DANIEL V						
	NE 199TH ST E-206		82	Street Ad	Idress (P.O. Box Number is Not Accept	able)	
	TH MIAMI BEACH FL 33179		83				
			· L				
			84	City		FL 85	Zip Code
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	, the abov	/e-named co	rporation submits this statement for the	purpose of changi	ng its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change was auti	horized by	, the corpora	ation's board of directors. I hereby acce	pt the appointment	as registered
	In familiar duti, and accept the obligation	W / /		VIEL	V. PAVILACK	4/20/9	9
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	,		lired when reinstating)	DATE	<u></u>
	OFFICERS AND	DIDECTORS	T 4.		ADDITIONS/CHANGES TO OF	FICEDS AND DIDE	CTORS IN 12
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF		
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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 of an an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: