

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 # P94000064115 (6)

1. Corporation Name

SIGNATURE MIRROR CO., INC.



Principal Place of Business

Mailing Address

1876 DR. ANDRE'S WAY SUITE 111
DELRAY BEACH FL 33445

1876 DR. ANDRE'S WAY SUITE 111
DELRAY BEACH FL 33445

2. Principal Place of Business

2a. Mailing Address

21 1855 Dr. ANDRE'S WAY

26 SAME A 2.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
27 DELRAY BEACH, FL

27 City & State

23 Zip

Country

28 Zip

Country

24 33445

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANTY, WILLIAM A
1503 HUMMINGBIRD DR
DELRAY BEACH FL 33444

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 I accept the obligations of Section 607.0501, Florida Statutes.

SIGNATURE

William A. Canty

WILLIAM A. CANTY

1/23/96

Signature of person named as registered agent and, if not applicable,

NOTE: Registered Agent signature required when reinstating.

Date

12. OFFICERS AND DIRECTORS

TITLE P
NAME CANTY, WILLIAM A
STREET ADDRESS 1503 HUMMINGBIRD DR.
CITY-ST-ZIP DELRAY BCH. FL 33444
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME JOSEPH A. DEHRING
1.3 STREET ADDRESS 624 NW 13th St #25
1.4 CITY-ST-ZIP BOCA RATON, FL 33486
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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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:

Joseph A. Dehring
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH A. DEHRING

1/23/96

(407) 265-3423

Date

Daytime Phone #

CR2E034 (12/95)