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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P94000073218 (7)

RADIANT GLASS AND MIRROR, INC.

Principal Place of Business Mailino Address 7624 FARMLAWN DRIVE 8623 REGENCY PARK BLVD. PORT RICHEY FL 34868 PORT RICHEY FL 34668-5742 3a. Date of Last Report 3. Date Incorporated or Qualified 10/03/1994 10/18/1996 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 59-3274032 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Bo Added to Fees 23 28 Trust Fund Contribution Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAUER, MARK 8 **7624 FARMLAWN DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) PORT RICHEY FL 34668 83 84 City 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 (NOTI : Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. DELETE Change Addition TITLE 1.1 TITLE LAUER, MARK S. 1 P NAME NAME 7624 FARMLAWN DRIVE STREET ADDRESS 1.B STREET ADDRESS PORT RICHEY FL 1.# CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 HILL 2 P NAME NAME 28 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE Change ___ Addition 31 1111 TITLE NAME 3 P NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. City - \$1 - ZiP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TOLE NAME 5⊉ NAME STREET ADDRESS 5,3 STREET ADDRESS CITY-ST-ZIP 5,4 CHY-\$1-2IP DELETE Change Addition TITLE 6H TITLE NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS

FILED

May 19 1997 8:00am

Secretary of State

14. I do 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 armual 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.