SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

°1997

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🦴

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000006546 (2)

MOESL	Y GLASS AND MIRROR, I	NC.				4 - 10 - 11 - 12 - 12 - 12 - 12 - 12 - 12			
Principal Place of Business Mailing Address									18 8717 7987
SUITE 25 SUITE 25		6005 N WICKHAM ROA	D						
			SUITE 25 MELBOURNE FL 32940			DO NOT WRITE IN THIS SPACE			
MELDOURNE	rL 3290	MELBUUNNE PL 32840				3. Date Incorporated or Qualified		Date of Last Re	anort
						01/23/1995			вроп
• Driver and Dr	tee of Business	2a. Mailing Address				4. FEI Number	<u>V</u>	<u>5/01/1996</u>	plied For
2. Principal Place of Business		26. Vialing Address			59-3287770			t Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			39-3201110		\$8.75		
		27			5. Certificate of Status Desired		Fee Re		
City & State		City & State			A Flactic Constant Flaction			<u>` </u>	
23	6	28				Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added t	
Zip	Country	Zip	Cou	ntrv		8. This corporation owes or has pa		· · · · · · · · · · · · · · · · · · ·	
	25	29	30	,		Personal Property Tax due June			angibie No
24)*	9. Name and Address of Curre		[30]		*	10. Name and Address of New Re		73	
	HNSON, WILLIAM A			81	Name		*		
	B7 N WICKHAM ROAD				····				
SUITE 400F				82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
MELBOURNE FL 32940				83					
ME	LBOURNE FL 32940		i	"					
				84	City	· · · · · · · · · · · · · · · · · · ·	Fl	85 Zip (Code
44 6	- 15	00 and 007 11 00 Clarida Clar	dee the el			cartion or books this state most for the		=	
office or r	registered agent, or both, in the Stat	to of Florida. Such change was	authorized	d by I	the corporati	oration submits this statement for the pon's board of directors. I hereby acce	pt the ap	pointment as	registered
agent. I a	im familiar with, and accept the obli	gations of, Section 607.0505, F	-lorida Stat	utes.					
SIGNATURE	Stonature, typed or printed name of registered a	and and title if purpleable (NC	TE Basistores	Aport	Leignalure require	ed when reinstating)	DATE		
12,		ND DIRECTORS	13.	2 Agein	i signistione recome	ADDITIONS/CHANGES TO OFFIC		D DIRECTOR	S IN 12
TITLE	PD	DELETE	1.1 10	TLE		TIDDITION OF ITALICAL TO COLOR	22.10.111	Change	Addition
NAME	MOELSY, JOHN M		1.2 NA	ME				•	
	2210 ROCWAY DRIVE				DDRESS				
STREET ADDRESS	MELBOURNE FL 32935								
CITY-ST-ZIP	WILLDOOTHIL I L 02930	DELETE	2.1 TI	TY-ST-	· ZIP			Change	Addition
TITLE							5 4 ·==		
NAME			2.2 NA			3000023 -10/07/	フルモ	174 (23.27) 11010	nn t
STREET ADDRESS					DDRESS	~1U/U[/ ####10	3177)]#***1 ****	ራይ ህህ ሰባ የ
CITY-ST-ZIP		DELETE		1Y-S1	-ZIP	~~***********************************	3.UU	赤赤赤子」) Change	Addition
TITLE		TTI DELETE	3.1 111					crange	L Addition
NAME			3.2 NA						
STREET AMERESS			3.3 ST	REET A	DDRESS				
CITY-ST-ZIP				ITY-ST	- ZIP				11.000
TITLE		DELETE	4.1 711	ILE				Change	Addition
NAME *			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET A	DDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST-	ZIP	<u> </u>			
TITLE		DELETE	5.1 1/1	TLE				Change	Addition
NAME	:		5.2 NA	AME					
STREET ADDRESS			5 2 ST	REET A	DDRESS				

6.4 CITY-ST-ZIP 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 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.

5.4 CHTY-ST-7IP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETÉ

APPROVED AND FILED

1997 OCT -3 AM 9: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

To whom this may conceren,

I John MARK Moesly, Owner OF Moesly GLASS, Did NOT REcive my 1st Packett, AND Recived my 2ND which, I contacted your office and was told to send \$165.00 which I did. Please Except His check

(Stace7)

John Rose

MOESLY GLASS & MIRROR, INC. 6005 N Wickham Rd #25 Melbourne FL 32940 (407) 255-0011 (407) H 253-0913