FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000048899 (5) **DOCUMENT #**

FLORIDA MIRROR, INC.

| Principal | Place | of Bu | siness |
|-----------|-------|-------|--------|
| 5701 | N.W. | 94TH | AVE. |

Mailing Address

5701 N.W. 94TH AVE.



| Cay & State 28 29 29 29 29 30 30 8. Price framed Controluction 25 30 40 40 40 40 40 40 40 | TAMARAC FL 33321 | | TAMARAC FL 33321 | | | |
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| Sure. April 8, etc. Substitute State St | ├ ──¬ ′ | ness | | | | Applied For |
| City & State City & State | | | · | | 65-8600198 | Not Applicable |
| 25 | 22 | | 1 1 | | 5. Certificate of Status Desired | |
| Zep | 23 | | F1 | | | |
| P. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 88 Street Address of New Registered Agent Street Address of New Regist | | Country | Zip | Country | 8. This corporation has liability for in | |
| FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 82 Street Acdress JP.O. Box Number is Not Acceptable of Text | | | . I = | 30 | | |
| FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 82 Street Address JFO Box Nimber 19, 19 Acceptables 1 Street Address JFO Box Nimber 19, 19 Acceptables 1 Street Address JFO Box Nimber 19, 19 Acceptables 1 Street Address JFO Box Nimber 19, 19 Acceptables 1 Street Address JFO Box Nimber 19, 19 Acceptables 1 Street Address JFO Box Nimber 19, 19 Acceptables 1 Street Address JFO Box Nimber 19, 19 Acceptables 1 Street Address JFO Box Nimber 19, 19 Acceptables 1 Street Address JFO Box Nimber 19, 19 Acceptable 1 Acceptables 1 Street Address JFO Box Nimber 19, 19 Acceptable 1 Acceptables 1 | 9. Nam | e and Address of Current I | Registered Agent | P1 None | 10. Name and Address of New Re | egistered Agent |
| \$732 N.W. 16TH STREET \$8 \$1 \$2 \$1 \$2 \$1 \$2 \$3311-4132 \$8 \$3 \$2 \$3 \$3 \$3 \$3 \$3 \$3 | FILINGS, INC. | | | o i Name | ANTHONY CANAST | raro |
| ## City Per Part Board Bit | | STREET | | 82 Street Addr | ess IP.O. Box Number is Not Acceptable | 9) |
| 11. Pursuant to the provisions of Sections 697,0509 and 607,1568, Finish Statutes, the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of Section 69, Secti | | | | | isd se 60 leki | CACE |
| 11. Pursuant to the provisions of Sections 607,0502 and E07,1508, Florida Statutes, the above named corporation statisment for the purpose of cinaging its registered office for registered agent, or both, in the State of Florida, Such change was authorized by the corporation statisms that statement for the purpose of cinaging its registered office for finding with, and accept the obligations of Section 607,0505, Fordis Statutes. SIGNATURE ANALY CAPASTRARD Special Property accept the appointment as registered agent. I am State of Placets. Such change was authorized by the corporation's board of decotors. I hereby accept the appointment as registered agent. I am State of Placets. Such change was authorized by the corporation's board of decotors. I hereby accept the appointment as registered agent. I am State of Placets. Such change as a such change and accept the corporation's board of decotors. I hereby accept the appointment as registered agent. I am State of Placets. I have accept the appointment as registered agent. I am State of Placets appointment as registered agent. I am State of Placets appointment as registered agent. I am State of Placets appointment as registered agent. I am State of Placets appointment as registered agent. I am State of Placets appointment as registered agent. I am State of Placets appointment as registered agent. I am State of Placets appointment as registered agent. I am State of Placets appointment as registered agent. I am State of Placets appointment as registered agent. I am State of Placets appointment as registered agent. I am State of Placets appointment as registered agent. I am State of Placets appointment as registered agent. I am State of Placets appointment as registered agent. I am State of Placets appointment as registered agent. I am State of Placets appointment as registered agent. I am State of Placets appointment as registered agent. I am State of Placets appointment as registered agent. I am State of Placets appointment as registered agent. I am State of Placets | | | | | | |
| 11. Pursuant to the provisions of Sections 607.0502 and E07.1508. Floridal Statutes, the above named corporation submits this stationment for the purpose of changing its registered office or registered agent, or both, in the State of theading was with change was with and accept the obligations of Section E07.0505, Fixerida Statutes. SIGNATURE #WYHOW? CAJASTRARO. Special accept the obligations of Section E07.0505, Fixerida Statutes. SIGNATURE #WYHOW? CAJASTRARO. Special provides provide or of registered agent. I am in the state of the obligations of Section E07.0505, Fixerida Statutes. SIGNATURE #WYHOW? CAJASTRARO. Special provides provide or of registered agent. I am in the state of the obligations of Section E07.0505, Fixerida Statutes. Signature #WYHOW? CAJASTRARO. OF FICE IS AND DIRECTORS IN 12 12. MARE CANASTRARO, ANTHONY 12. NAME CANASTRARO, ANTHONY 15. THE CA | | | | 84 City | ENPANO BEACH | FI 85 Zio Code |
| SIGNATURE ANTHONY CAPASTEARO PROTECTIONS Professional profes | or registered agent, o | r bour, in the State of Floada. | - Such change was authoriz | es, the above named corpored by the corporation's boar | ration or thereits this obstances for the same | |
| 13. ADDITIONS/CHANGE TO OFFICERS AND DIRECTORS IN 12 | SIGNATURE ANTH | ONY CANASTA | aro x | Jan San San San San San San San San San S | 1. 1. | <u> </u> |
| THE | | | | | | |
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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 trusted 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: ANTHONY CANASTRARO X
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

954-720-3900