


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State
07-27-1999 90003 036 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000080656

1. Corporation Name
SEVEN SEAS GLASS AND MIRROR, INC.

Principal Place of Business
4153 SW 47TH AVE
#111
DAVIE FL 33317
US

Mailing Address
9262 S.W. 1ST STREET
PLANTATION FL 33324



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/16/1995

4. FEI Number
65-0614640

Applied For
☐ Not Applicable

5. Certificate of Status Desired
☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business
21 4700 OAKS RD.
Suite, Apt. #, etc.
22 BAY K
City & State
23 DAVIE, FL
Zip
24 33312

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30 BROWARD

9. Name and Address of Current Registered Agent
MUCCI, THOMAS A JR
9262 S.W. 1ST STREET
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUCCI, THOMAS A JR	1.2 NAME	
STREET ADDRESS	9262 S.W. 1ST STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUCCI, CHERYL D	2.2 NAME	
STREET ADDRESS	9262 S.W. 1ST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE: Cheryl D Mucci 6/30/99 (954)452-4012

CR2E034 (5/99)



Seven Seas Glass & Mirror Inc.

Storefronts - Custom Mirror & Shower Design . Marine Service

4700 Oaks Rd. Bay K Davie Fl. 33312

Phone (954) 452-4012 Fax (954) 452-4014

P95000080056
595880-90003-36

7/7/99

Division of Corporations
Annual Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Please note, I never received my
1st notice of filing. The address
on the 2nd notice is correct although
I promise you I would have mailed
the payment by May 1st to avoid
heavy penalties.

Enclosed please find my completed
report and my check for 150.⁰⁰ per
my phone conversation with your
office.

Sincerely,
Cheryl Mucci
V. President