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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000034544 (2)

PARADISE GLASS AND MIRROR, INC.

FILED May 11 1998 8:00am Secretary of State



					11 3 6 3 2
Principal Place of Business Mailing Address					
82205 OVERSEAS HIGHWAY 82205 OVERSEAS HIGHWAY			Y		
ISLAMORADA FL 33036		ISLAMORADA FL 33036		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				04/17/1996	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0656710	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29 3	0	Personal Property Tax due June 30.	Yes No
110	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registere	a Agent
HECZKO-LOWN, LINDA			la ivanie		
82205 OVERSEAS HIGHWAY			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
ISLAMORADA FL 33036			83		
			63		
			84 City	F	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 Skite 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.					
- 1/1/ A 30 30 1					
SIGNATURE Signature, typicd or printed ingris opting stated agent and title if applicable. (NOTL: Registered Agent signature required when relinstating) DATE					
12.	OF FICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	* fresident /	☐ DELETE	1.1 TITLE	Secretary	Change Addition
NAME	LOWN, KARL		1.2 NAME	DONALD WALLACE	
STREET ADDRESS	82205 OVERSEAS HIGHWAY		1.3 STREET ADDRESS	26 MOTINE ALL. D.	0.04
CITY-ST-ZIP	ISLAMORADA FL 33036	10 de 17 augus	1.4 CITY-\$1-ZIP	Key Leveo Fl. 3.	303/
TITLE	MECTROLONIAL HADA	ext DELETE	2 1 TITLE	/ 01	Change Addition
NAME	HECZKO-LOWN, LINDA 82205 OVERSEAS HIGHWAY		2.2 NAME		
STREET ADDRESS	ISLAMORADA FL 33036		2.3 STREET ADDRESS		
CITY-ST-ZIP	IODAMONADA FL 33030	DECETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		Cliquide C Hooking
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - S1 - ZIP 4.1 TITLE		Change Addition
		F. Drittir			E strange E Addition
NAME CERTE ARROGGE			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY+ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition
NAME	•	_ beer	5.2 NAME		
STREET ADDRESS					
			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	6.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME		□ Merric	6.2 NAME		— visingo — roundin
i - 1			6.3 STREET ADDRESS		
STREET ADORESS					
CITY-ST-ZIP		t this filing does not evalid for t	6.4 CITY-ST-ZIP	Castian 110 07/9VI) Elecido Statutos I furbas	and the state of t

Inereoy ceruly that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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 eath; 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 attachypent with an address.