

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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000039855 (7)

1. Corporation Name

GLASS, ART & MIRROR EMPORIUM, INC.



Principal Place of Business

2300 SOUTHEAST OCEAN DRIVE STE A4  
STE 101  
STUART FL 34996

Mailing Address

2300 SOUTHEAST OCEAN DRIVE STE A4  
STE 101  
STUART FL 34996-3327

3. Date Incorporated or Qualified

05/07/1996

3a. Date of Last Report

2. Principal Place of Business

21 3281 SW 42ND AVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 3281 SW 42ND AVE  
Suite, Apt. #, etc.

4. FEI Number

650675586

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 has liability for intangible tax under s. 199.032,  
Florida Statutes.

☐

Yes

☐

No

City & State

23 PALM CITY

City & State

28 PALM CITY

Zip

24 34990

Country

25 MARTIN

Zip

29 34990

Country

30 MARTIN

9. Name and Address of Current Registered Agent

LANDINO, ANTHONY M CPA  
4901 NORTHWEST 17TH WAY STE 305  
FORT LAUDERDALE FL FL333-09

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HAYS, JAMES  
STREET ADDRESS 2055 EMERSON STREET  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE VD ☐ DELETE

NAME BALL, LORETTA A  
STREET ADDRESS 2300 SOUTHEAST OCEAN DRIVE STE A4  
CITY-ST-ZIP STUART FL 34996

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE HAYS, JAMES ☒ Change ☐ Addition

1.2 NAME 3281 SW 42ND AVE  
1.3 STREET ADDRESS PALM CITY FL 34990  
1.4 CITY-ST-ZIP

2.1 TITLE BALL, LORETTA A. ☒ Change ☐ Addition

2.2 NAME 4538 SE HALSTON COURT  
2.3 STREET ADDRESS STUART FL 34990  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE: Loretta A Ball 428-91 561 221-0009

CR2E034 (9/96)