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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1998 8:00am

Secretary of State

Sandra B. MortMam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000039855 (7)

GLASS, ART & MIRROR EMPORIUM, INC.

Principal Place of Business Mailing Address 3281 SW 42ND AVE 3281 SW 42ND AVE PALM CITY FL 34990 PALM CITY FL 34990 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0675586 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Žφ Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LANDINO, ANTHONY M CPA A.BALL ober is Not Acceptable) 4901 NORTHWEST 17TH WAY STE 305 82 FORT LAUDERDALE FL FL333-09 W YAND AVE 63 В4 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 believe the above-named corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with any pour tipe of the objections of Section 607 0505, Florida Statutes. (NOTE Registered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE HAYS, JAMES NAME MICHAEL RICHARDS 1.2 NAME 3281 SW 42ND AVE STREET ADDRESS 1.3 STREET ADDRESS 515 HARVEST LANG PALM CITY FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition BALL, LORETTA A NAME 2.2 NAME **4538 SE HALSTON CT** STREET ADDRESS 2.3 STREET ADDRESS STUART FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE Addition 3.1 HULF NAME 3.2 NAME STREET ADDRESS 3.3 STREFT ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME

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 appear with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP