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FILED

May 16 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 # P96000043853 (6)

1. Corporation Name
OCEAN IMAGE GLASS, INC.



Principal Place of Business

129 N CLYDE AVE
LONGWOOD FL 32750

Mailing Address

129 N CLYDE AVE
LONGWOOD FL 32750-3527

2. Principal Place of Business

21 205 Aero Lane

Suite, Apt. #, etc.

22

City & State

23 Sanford, FL

Zip

24 32771

Country

25 USA

2a. Mailing Address

26 1319 Nadine Dr.

Suite, Apt. #, etc.

27

City & State

28 Deltona, FL

Zip

29 32738

Country

30 USA

3. Date Incorporated or Qualified

05/16/1996

3a. Date of Last Report

4. FEI Number

59-3366237

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

9. Name and Address of Current Registered Agent

SMITH, CHERYL L
129 N CLYDE AVE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name Cheryl L Smith
82 Street Address (P.O. Box Number is Not Acceptable)
1319 Nadine Drive
83
84 City Deltona FL 85 Zip Code 32738

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, CHERYL L
STREET ADDRESS 129 N CLYDE AVE
CITY-ST-ZIP LONGWOOD FL 32750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
Change of address

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: Cheryl L Smith

5-1-97

407-321-7497

CR2E034 (9/96)