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May 01 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 # P96000055395 (3)

1. Corporation Name

CUSTOM GLASS & MIRROR, INC.



Principal Place of Business

1318 LAKE WASHINGTON ROAD #1
MELBOURNE FL 32935

Mailing Address

1318 LAKE WASHINGTON ROAD #1
MELBOURNE FL 32935-5505

3. Date Incorporated or Qualified

06/27/1996

3a. Date of Last Report

2. Principal Place of Business

21 1312 BERRI PATCH PLACE

Suite, Apt. #, etc.

22 #1

City & State

23 MELBOURNE, FL

Zip

24 32935

Country

25 USA

2a. Mailing Address

26 1312 BERRI PATCH PLACE

Suite, Apt. #, etc.

27 #1

City & State

28 MELBOURNE, FL

Zip

29 32935

Country

30 USA

4. FEI Number

59-3391452

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

BISCHOFF, PATRICIA
1318 LAKE WASHINGTON ROAD #1
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

RANDALL BISCHOFF

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

1312 BERRI PATCH PLACE, #1

83

84 City

MELBOURNE

FL

85 Zip Code

32935

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-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE 0 ☐ DELETE

NAME BISCHOFF, PATRICIA
STREET ADDRESS 1318 LAKE WASHINGTON ROAD #1
CITY - ST - ZIP MELBOURNE FL 32935

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DST ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1312 BERRI PATCH PLACE, #1
1.4 CITY - ST - ZIP MELBOURNE, FL 32935

2.1 TITLE DP ☐ Change ☒ Addition

2.2 NAME BISCHOFF, RANDALL
2.3 STREET ADDRESS 1312 BERRI PATCH PLACE, #1
2.4 CITY - ST - ZIP MELBOURNE, FL 32935

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0100841

CR2E034 (9/96)