

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 1312 BERRI PATCH PLACE #1 MELBOURNE FL 32935 US	Mailing Address 1312 BERRI PATCH PLACE #1 MELBOURNE FL 32935 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5130 COMMERCIAL DR. Suite, Apt. #, etc. 22 B City & State 23 MELBOURNE FL. Zip 24 32940 Country 25 FLORIDA		2a. Mailing Address 26 5130 COMMERCIAL DR. Suite, Apt. #, etc. 27 B City & State 28 MELBOURNE FL. Zip 29 32940 Country 30 FLORIDA		3. Date Incorporated or Qualified 06/27/1996	
4. FEI Number 59-3391452		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BISCHOFF, RANDALL 1312 BERRI PATCH PLACE #1 MELBOURNE FL 32935		10. Name and Address of New Registered Agent 81 Name BISCHOFF RANDALL 82 Street Address (P.O. Box Number is Not Acceptable) 5130 COMMERCIAL DR. SUITE-13 83 84 City MELBOURNE FL 85 Zip Code 32940	
--	--	---	--

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: *Randall Bischoff* 4-24-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BISCHOFF, PATRICIA 1312 BERRI PATCH PLACE, #1 MELBOURNE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DST BISCHOFF PATRICIA 5130 COMMERCIAL DR. SU. B MELBOURNE FL. 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BISCHOFF, RANDALL 1312 BERRI PATCH PLACE, #1 MELBOURNE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DP BISCHOFF RANDALL 5130 COMMERCIAL DR. MELBOURNE FL. 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address.

SIGNATURE: *Randall J. Bischoff* 4-24-98 407-242-6003  
RANDALL J. BISCHOFF 4-24-98 407-242-6003

CR2E034 (10/97)