

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90029 025 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000019104**

1. Corporation Name
AMAZING ART IN GLASS, INC.



Principal Place of Business
 5771 RODMAN ST.
 HOLLYWOOD FL 33023

Mailing Address
~~5771 RODMAN ST.
 HOLLYWOOD FL 33023~~
**4713 SW 66 Terr.
 Davie Fl. 33314**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **5771 Rodman st**

Suite, Apt. #, etc.
Hollywood. Fl.

22 **33023**

City & State

23 **33023**

Zip Country

24

25

2a. Mailing Address

26 **4713 SW 66 Terr.**

Suite, Apt. #, etc.
Davie Fl.

27 **Davie Fl.**

City & State

28 **33314.**

Zip Country

29

30

3. Date Incorporated or Qualified
03/03/1997

4. FEI Number
65-0739093

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

PHILLIPS, CARY W
 6640 FILLMORE ST.
 HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name **Phillips, Cary W.**
 82 Street Address (P.O. Box Number is Not Acceptable)
4713 SW 66 Terr.
 83 **Davie Florida**
 84 City **FL** 85 Zip Code **33314.**

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 **Cary W Phillips**

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-99.

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PHILLIPS, CARY W	
STREET ADDRESS	6640 FILLMORE STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PHILLIPS, DORA	
STREET ADDRESS	6640 FILLMORE STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, CARL	
STREET ADDRESS	4361 NW 6TH ST.	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **Cary W Phillips** SIGNATURE REQUIRED **4-20-99**

(954) 791 6215

Date

Daytime Phone #

CR2E034 (11/98)