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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000029609

PALM GLASS AND MIRROR, INC.

Principal Place of Business	Mailing Address			
7593 ENTERPRISE DRIVE. #81	7593 ENTERPRISE DRIVE. #81			
RIVIERA BEACH FL 33404	RIVIERA BEACH FL 33404			

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90013 039 ***150.00



Principal Plac	e of Business	Mailing Address			-	(DIAL OBAH OBAH OBAH	THE REAL PROPERTY.	
7593 ENTERPRISE DRIVE. #81 7593 ENTERPRISE DRIVE. #81 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404			·					
						WRITE IN THIS	SPACE	· .
	•				3. Date Incorporated or Qua 04/02/1997	alifed		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21	·	26			65-0738919			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desi	red 🗆		Additional •
22		27						equired
City & Stat	te	City & State			6. Election Campaign Finar	ncing 🗆		May Be
23		28	Country		Trust Fund Contribution		:	to Fees
Zip	Country	Zip	┌ ′	•	8. This corporation owes th	e current year Int	angible Yes	YX No
24	25 9. Name and Address of Curren	29 Agent	30		Personal Property Tax. 10. Name and Address of I	New Registered		A
	9. Name and Address of Curren	it registered Agent	81 N	lame	10, Name and Address of t	ten kegistorea	Agont	
SCIA	ABARRASI, PHILIP I				· .			
	70 113 TERR		82 S	treet Addre	ss (P.O. Box Number is Not A	cceptable)		ľ
JUP	ITER FARMS FL 33478		83				Bo 1211	
,		•	84 C	ity		<u>Thurst</u> Ci	85 Zip	Code
7r o rarrigh	to the provisions of Sections 607.050	2 and 607 1509. Florida Statut	os the above na	mod corno	ration cubmits this statement for	or the purpose of	changing its	registered
office or r	registered agent, or both, in the State	of Florida. Such change was a	uthorized by the	corporation	n's board of directors. I hereby	accept the appoi	ntment as re	egistered
agent. I a	am familiar with, and accept the obligation	tions of, Section 607,0505, Flo	nda Statutes.		•			
SIGNATURE	Skraehire broad or printed name of registered agent	nt and title if applicable (NOTE	Registered Agent sign	nahus required s	when reinstation)	DATE		
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered Agent sign	nature required		DATE O OFFICERS AN	ID DIRECTO	ORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agen		Registered Agent sign 13. 1.1 TITLE	nature required s	ADDITIONS/CHANGES T		ID DIRECTO	DRS IN 12
12.	Signature, typed or printed name of registered eger OFFICERS AN DPTS	ID DIRECTORS	13.	nature required v				
12.	Signature, typed or printed name of registered eger OFFICERS AN DPTS SCIABARRASI, PHILIP L	ID DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES T			
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14. I hereby certify that the information supplied with this filling 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 signifure 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 Jequired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or application with an address, with all other like empowered.