

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90095 004 ***150.00

DOCUMENT # P97000101670

1. Corporation Name

A FANTASY IN GLASS, INC.

Principal Place of Business
7822 HIGHWAY 301 SOUTH
RIVERVIEW FL 33569

Mailing Address
7822 HIGHWAY 301 SOUTH
RIVERVIEW FL 33569



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/01/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2484083	
City & State		City & State		5. Certificate of Status Desired	
23		28		[] \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
Country		Country		[] \$5.00 May Be Added to Fees	
25		30		7. This corporation owes the current year Intangible Personal Property Tax.	
[] Yes		[] No		[] No	

9. Name and Address of Current Registered Agent

RAYE, KARIN
7822 HIGHWAY 301 SOUTH
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name JOAN E. PADILLA
82 Street Address (P.O. Box Number is Not Acceptable) 7822 HWY 301 S.
83
84 City RIVERVIEW FL 85 Zip Code 33569

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 JOAN E. PADILLA CEO/P JOAN E. PADILLA 4-27-99
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	CEO	1.1 TITLE	CEO/P
NAME	PRICE, LUPE P	1.2 NAME	JOAN E. PADILLA
STREET ADDRESS	9412 OAK STREET	1.3 STREET ADDRESS	17518 EDINBURGH DR
CITY-ST-ZIP	RIVERVIEW FL 33569	1.4 CITY-ST-ZIP	TAMPA, FL 33647
TITLE	P	2.1 TITLE	
NAME	RAYE, KARIN P	2.2 NAME	
STREET ADDRESS	9412 OAK STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	RAYE, RON	3.2 NAME	
STREET ADDRESS	9412 OAK STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

JOAN E. PADILLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 (813) 671-8607
Date Daytime Phone #

CR2E034 (11/98)

0578330