


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90008 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000018474		
1. Corporation Name M & B GLASS & MIRROR, INC.		



Principal Place of Business 1045 N 21ST AVE HOLLYWOOD FL 33021	Mailing Address 1045 N 21ST AVE HOLLYWOOD FL 33021
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1121 B South 21st Ave		2a. Mailing Address 26 1121 B South 21st Ave		3. Date Incorporated or Qualified 02/25/1998	
Suite, Apt. #, etc. 22 1121 B South 21st Ave		Suite, Apt. #, etc. 27 1121 B South 21st Ave		4. FEI Number 65-0815952	
City & State 23 HOLLYWOOD - FL		City & State 28 HOLLYWOOD - FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33020		Zip 29 33020		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 BROWARD		Country 30 BROWARD		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BAGASSEN, MARILIA 1045 N 21ST AVE HOLLYWOOD FL 33021				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 1121 B South 21st Ave	
83				84 City HOLLYWOOD	
				85 Zip Code FL 33020	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAGASSEN, MARILIA		1.2 NAME	
STREET ADDRESS 1045 N 21ST AVE		1.3 STREET ADDRESS 1121 B South 21st Ave	
CITY-ST-ZIP HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP HOLLYWOOD - FL 33020	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/15/99 954-920-9222

Date

Daytime Phone #

CR2E034 (5/99)



Licensed & Insured Glazing Contractor

CC#87-4701-G-X

To the Florida Department of State

Division of Corporation

Dear Sr. :

We never received the 1st notice for the filing of The Corporation Annual Report.
The address on the form is incorrect , the correct address is , 1121 B South 21st
Ave. Hollywood -FL. 33020.


Sincerely

1121-B South 21st Avenue, Hollywood, Florida 33020

954-920-9222