## 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

## DOCUMENT # P98000077611

KIELY GLASS AND MIRROR, INC.

Principal Place of Busines	s
4011 MERIDIAN AVE. APT. MIAMI BEACH FL 33140	46

Mailing Address

4011 MERIDIAN AVE. APT. 46

## FILED Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90021 029 \*\*\*150.00



MIAMI BEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/07/1998 5-088110£ Applied For 2. Principal Place of Business 2a. Mailing Address FEI Numbe Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KIELY, PATRICK Street Address (P.O. Box Number is Not Acceptable) 4011 MERIDIAN AVE. APT. 46 MIAMI BEACH FL 33140 83 Zip Code 84 City 85 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE 1.2 NAME KIELY, PATRICK NAME 4011 MERIDIAN AVE. APT. 46 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 6.1 TITLE Change

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 charges, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

62 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)