

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004440 (3)

1. Corporation Name:

GLACID GROUP OF FLORIDA, INC.

Principal Place of Business:

2142 GILBERT AVE.
CINCINNATI OH 45206

Mailing Address:

2142 GILBERT AVE.
CINCINNATI OH 45206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/25/1994**
3a. Date of Last Report:

4. FEI Number: **31-1406659**
Applied For: Not Applicable:

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLASER, JOHN F JR.
1600 WELLESLEY CIRCLE (MGM OFFICE)
NAPLES FL 33999**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 of agent or (printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering.)

(S-1)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **CS**
NAME: **GLASER, JOHN F III**
STREET ADDRESS: **2142 GILBERT AVE.**
CITY, ST, ZIP: **CINCINNATI OH 45206**

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY, ST, ZIP:

TITLE: **CT**
NAME: **GLASER, M. JOSHUA**
STREET ADDRESS: **2142 GILBERT AVE.**
CITY, ST, ZIP: **CINCINNATI OH 45206**

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY, ST, ZIP:

TITLE: **D**
NAME: **GLASER, THOMAS G**
STREET ADDRESS: **2142 GILBERT AVE.**
CITY, ST, ZIP: **CINCINNATI OH 45206**

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY, ST, ZIP:

TITLE: **DV**
NAME: **HERRMANN, ROBERT W**
STREET ADDRESS: **6851 18TH STREET S.**
CITY, ST, ZIP: **ST. PETERSBURG FL 33712**

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY, ST, ZIP:

TITLE: **P**
NAME: **GLASER, JOHN F JR.**
STREET ADDRESS: **2142 GILBERT AVE.**
CITY, ST, ZIP: **CINCINNATI OH 45206**

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information included 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 of this report, or on an addition thereto with an address.

SIGNATURE:

PRINTED AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR EMPLOYEE

John F. Glaser Jr.
John F. Glaser Jr.

V.P.

5/5/95

513 9613003