

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gloria B. Markham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95-MAR-7 AM 9:34

DOCUMENT # **F94000005638 (1)**

1. Corporation Name

GLACIER CREEK DEVELOPMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6723 TOWPATH RD.
SYRACUSE NY 13214

6723 TOWPATH RD.
SYRACUSE NY 13214

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

10/31/1994

4. FEI Number

Applied For

16-1318018

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTH, GEOFFREY D
4730 N.W. BOCA RATON BLVD.
BOCA RATON FL 33431

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 607.0502 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

Geoffrey D. Roth

Registered Agent and Director

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	BLASLAND, WARREN V JR
STREET ADDRESS	2667 N. OCEAN BLVD.
CITY-ST-ZIP	BOCA RATON FL 33481
TITLE	VSD
NAME	BOUCK, WILLIAM H
STREET ADDRESS	FOX LN.
CITY-ST-ZIP	CAZENOVIA NY 13035
TITLE	VD
NAME	LEE, GEORGE W JR
STREET ADDRESS	110 WOODBERRY LN.
CITY-ST-ZIP	FAYETTEVILLE NY 13068
TITLE	VAT
NAME	BLASLAND, ROBERT M
STREET ADDRESS	7159 OPAL DR.
CITY-ST-ZIP	LIVERPOOL NY 13088
TITLE	AS
NAME	VOZZO, M. LARRY
STREET ADDRESS	258 ROBINEAU RD.
CITY-ST-ZIP	SYRACUSE NY 13207
TITLE	V
NAME	ROTH, GEOFFREY D
STREET ADDRESS	26 FENNER ST.
CITY-ST-ZIP	CAZENOVIA NY 13035

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gurley, Karen L.	
1.3 STREET ADDRESS	2667 N. Ocean Blvd.	
1.4 CITY-ST-ZIP	Boca Raton, FL 33481	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Blasland, Robert M.	
4.3 STREET ADDRESS	7169 Opal Drive	
4.4 CITY-ST-ZIP	Liverpool, NY 13088	
5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Vozzo, H. Larry	
5.3 STREET ADDRESS	255 Robineau Road	
5.4 CITY-ST-ZIP	Syracuse, NY 13207	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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(3)(b), 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 of this report, or in an attachment with an address.

SIGNATURE:

William H. Bouck
BIG LETTERS AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

2/16/95

Date

Signature Title #