SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # J43902	(2)					
GLENTIQUES LTD., INC.	• •			A INCASES BIO STREET HAVE ARRAY AND A		
Principal Place of Business	Mailing Address			1 1005110 OHF EJBOS HELD FOLK BOKEN (18	i deden deden digen deben deben deben ende	
1940 AUGUSTA TERR.	1940 AUGUSTA TERR.					
P O BOX 8807 CORAL SPRINGS FL 33075	P O BOX 8807 CORAL SPRINGS FL 330	75				_
00.000 01.11100 72 000.0	COMAC GEMINGS FE 550	,,,		3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address			11/24/1986 4. FEI Number	06/27/1995 Applied For	
21 26				59-2753225	Not Applicable	 ē
Suite, Apt. #, etc. Suite, Apt. #, etc				5. Certificate of Status Desired	\$8.75 Additional	1
27					Fee Required	4
City & State City & State 28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country			/	8. This corporation has liability for in		7
24 25	25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes	Yes No	
	registered Agent	81	Name	10. Name and Address of New Reg	istered Agent	
KIRSNER, GARY 1940 AUGUSTA TERR. CORAL SPRINGS FL 33071		82	Street Addr	Address (P.O. Box Number is Not Acceptable)		
			- Oli eet Addi	Address (1.0 dox number is not Acceptable)		
		83				
		84	City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607 0502	and 607.1508 Florida Statute	es, the above	named corp	oration submits this statement for the pu	roasa of changing its registered	\dashv
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	Florida: Such change was a ons of, Section 607.0505, Flo	uthorized by rida Statutes	the corporation	on's board of directors. I hereby accept	the appointment as registered	
SIGNATURE						
Signature, typed or printed nanic of registered agent: 12. OFFICERS AND		13.	il signatute tequi	ed when renerging) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	_ ം
AUTE D	D DELETE 1				Change Addition	CR2E034 (3/96)
NAME KIRSNER, KAREN A.						8
STREET ADDRESS 1940 AUGUSTA TERRACE	1		ADDRESS			Ö
CITY-ST-ZIP CORAL SPRINGS FL			ST - ZIP			_¦દ્ધ
TITLE DS				Change Ad		10
NAME KIRSNER, GARY L. STREET ADDRESS 1940 AUGUSTA TERRACE		2.2 NAME 2.3 STREET	4000000			
CITY-ST-ZIP CORAL SPRINGS FL		2.3 STREET				
TITLE	DELETE	3 1 TITLE	21 - 20		Change Addition	1
NAME		3 2 NAME				
STREET ADDRESS		3 3 STREET	ADDRESS			
CITY-S1-ZIP		34 CITY-5	ST - ŽIP			
TITLE	DELETE	4 1 TITLE			Change Addition	ī
NAME		4 2 NAME				
STREET ADDRESS		4 3 STREET	ADDRESS			
CITY-ST-ZIP		4.4 C!TY - S	IT - ZIP			
THUE	DELETE	5 1 TITLE			Change Addition	۱
NAME	52					
STREET ADDRESS		5.3 STREET	ADDRESS			
CUTY-ST-ZIP	DELETE	54 CHTY - S 6 1 THTLE	T - 7IP			_
TITLE	DEFELE				Change Addition	1
NAME CTOPE ADDRECS		6.2 NAME	Inneres:			
STREET ADDRESS DITY-ST-ZIP		6 3 STREET				
14. I do hereby certify that the information supplied v	vith this filing is voluntarily fur	640ify-S mished and o		ify for the exemption stated in Section 11	9 07(3)(k), Florida Statutes 1	4

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 617, Florida Statutes, and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gen Kiesner

6/20/96 954-344 985C