

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M33743** (9)

1. Corporation Name
DUST AND GLITTER INC.



Principal Place of Business: **C/O DENA STOPNICKI 5863 SUNSET DR S MIAMI FL 33143**
Mailing Address: **C/O DENA STOPNICKI 5863 SUNSET DR S MIAMI FL 33143**

2. Principal Place of Business: 21 State, Apt., #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt., #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **06/16/1986**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-2725820**
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. 190.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **STOPNICKI, DENA 5863 SUNSET DR S MIAMI FL 33143**

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.0605, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P STOPNICKI, DENA	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOPNICKI, DENA	12 NAME	
STREET ADDRESS	130 W. RIVO ALTO DR.	13 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BEACH FL	14 CITY-STATE-ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-STATE-ZIP		24 CITY-STATE-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this Form is true and fully furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that I am an officer or director of the corporation, and my signature and printed name shall have the same legal effect as if made under oath. This report is required by Chapter 607, Florida Statutes, and that my name appears in Book 12 of Block 13 of the records on an internet web address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4396 (305-6674025)

CR2E034 (12/95)