

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 09 1996 8:00 am
Secretary of State

DOCUMENT # **P94000079920 (2)**

1. Corporation Name
ARNIE GLAUSER, P.A.



Principal Place of Business: **28455 OPENFIELD LOOP WESLEY CHAPEL FL 33543**
Mailing Address: **28455 OPENFIELD LOOP WESLEY CHAPEL FL 33543**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
10/31/1994	06/09/1995
4. Fed Number	Applied For
59-3282516	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
8. This corporation has liability for intangible tax under s. 199.042, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

g. Name and Address of Current Registered Agent

**GLAUSER, ARNOLD F
28455 OPENFIELD LOOP
WESLEY CHAPEL FL 33543**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0702 and 607.1504, 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

Signed by the president or other officer or director of the corporation

Signed by the registered agent or other person authorized to act as agent

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GLAUSER, ARNOLD F	
STREET ADDRESS	28455 OPENFIELD LOOP	
CITY-STATE-ZIP	WESLEY CHAPEL FL 33543	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	GLAUSER, GLORIA J	
STREET ADDRESS	28455 OPENFIELD LOOP	
CITY-STATE-ZIP	WESLEY CHAPEL FL 33543	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
15 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
16 NAME			
17 STREET ADDRESS			
18 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
19 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
20 NAME			
21 STREET ADDRESS			
22 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
23 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
24 NAME			
25 STREET ADDRESS			
26 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
27 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
28 NAME			
29 STREET ADDRESS			
30 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 119.071(5)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct, 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; and the name of the registered agent appears in Block 10 of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: SIGNATURE AND TYPE (FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-6-96 813 991-4500

CR2E034 (12/95)