

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

STATE OF FLORIDA
 ANNUAL REPORT
 1995



DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

APPROVED
 AND
 FILED

MAY 11 1995

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S78724 (9)**

CONTEMPORARY INSURANCE CONSULTANTS, INC.

10071 PINES BLVD.
 SUITE B
 PEMBROKE PINES FL 33024

10071 PINES BLVD.
 SUITE B
 PEMBROKE PINES FL 33024

3. Filing Date of Report	09/06/1991	3a. Date of Last Report	04/27/1994
4. Filer Number	65-0280742	Applied For	Not Applicable
5. Filing Fee		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
8. This corporation is subject to the election law under 5, 15A or 15B Florida Statutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Principal Office Address	5800 N. ANDREWS AVE	26. Mailing Address	PO BOX 9328
22. City	FT LAUDERDALE FL	27. City	FT LAUDERDALE FL
24. ZIP Code	33309	25. County	BROWARD
28. ZIP Code	33310	29. County	BROWARD

9. Name and Address of Current Registered Agent	HUSKIN, HARRY W. 10071 PINES BLVD. SUITE B PEMBROKE PINES FL 33024	10. Name and Address of New Registered Agent	B1 Name B2 Street Address 5800 N. ANDREWS AVE B3 City FT LAUDERDALE FL B5 ZIP Code 33309
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11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation, partnership, trust, or other entity for the purpose of filing its required office report, is a legal entity under the laws of the State of Florida, and that the same was authorized by the corporation's board of directors, trustees, or other governing body, and that the undersigned is a resident agent of said corporation, partnership, trust, or other entity under the laws of the State of Florida.

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS IN 1995
NAME: MELNICK, STEPHEN R. ADDRESS: 10071 PINES BLVD., #B PEMBROKE PINES FL	5800 N ANDREWS AVE FT LAUDERDALE FL 33309
NAME: FELDMAN, TODD E. ADDRESS: 10071 PINES BLVD., #B PEMBROKE PINES FL	5800 N ANDREWS AVE FT LAUDERDALE FL 33309
NAME: HUSKIN, HARRY W. ADDRESS: 10071 PINES BLVD., #B PEMBROKE PINES FL	5800 N ANDREWS AVE FT LAUDERDALE FL 33309
NAME: BREITBART, BERNARD B. ADDRESS: 10071 PINTS BLVD., #8 CORAL GABLES FL	5800 N ANDREWS AVE FT LAUDERDALE FL 33309
NAME: BREITBART, STEVEN H. ADDRESS: 351 MINORCA AVENUE CORAL GABLES FL	5800 N ANDREWS AVE FT LAUDERDALE FL 33309

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 609.01(1), Florida Statutes. Further, I 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 president or director of the corporation for the relevant reporting period and was authorized to execute this report as required by s. 609.01(1), Florida Statutes, and that my name appears on the report as required by s. 609.01(1), Florida Statutes.

SIGNATURE: *[Signature]* STATE SECRETARY 5/2/95 305 771 0300

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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **S81259** (1)

1. Corporation Name:
ART GLASS STUDIOS, INC.

MAY 15 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **200 W. FIRST ST. SUITE 22 SANFORD FL 32771**
Mailing Address: **200 W. FIRST ST. SUITE 22 SANFORD FL 32771**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **3551 W LAKE MARY BLVD**
21 Suite Apt # etc: **209**
22 City, State: **LAKE MARY FLA**
23 City, State: **LAKE MARY FLA**
24 Zip: **32746** 25 Country: **USA**

3. Date Incorporated or Qualified: **09/19/1991**
3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-3089989**
Applied For: 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 attaching the certificate to Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**WHIGHAM, FRANK C.
200 W. FIRST ST.
SUITE 22
SANFORD FL 32771**

10. Name and Address of New Registered Agent:
B1 Name:
B2 Street Address (P.O. Box Number is Not Acceptable):
B3:
B4 City: **FL** B5 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 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:

Signature of person who is registered agent for the corporation

Signature of Registered Agent (if other registered agent is used)

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12. OFFICERS AND DIRECTORS	
TITLE: DPT	FRENCH, JOHN, JR. 5500 EGGLESTON AVE ORLANDO FL
TITLE: DVPS	REED, SUSAN 5500 EGGLESTON AVE ORLANDO FL
TITLE:	
TITLE:	
TITLE:	
TITLE:	
TITLE:	
TITLE:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME:	
13 STREET ADDRESS:	
14 CITY, ST, ZIP:	32810
21 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME:	DVPS CYNTHIA RM FRENCH 5500 EGGLESTON AVE ORLANDO FL
23 STREET ADDRESS:	32810
24 CITY, ST, ZIP:	
31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME:	
33 STREET ADDRESS:	
34 CITY, ST, ZIP:	
41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME:	
43 STREET ADDRESS:	
44 CITY, ST, ZIP:	
51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	
54 CITY, ST, ZIP:	
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
64 CITY, ST, ZIP:	

14. This hereby certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the first 100,000 of Florida Statutes. I further certify that the information included in 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 holder of or the authorized person 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 as an attachment thereto.

SIGNATURE:

John French
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 107-322-0197