

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **665765** (4)

1. Corporation Name
B. GLASS TYPOGRAPHY, INC.



Principal Place of Business: **C/O JOHN N. GLASS, JR. 211 CROSS ST. MIAMI SPGS. FL 33166**
Mailing Address: **C/O JOHN N. GLASS, JR. 211 CROSS ST. MIAMI SPGS. FL 33166**

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

3. Date Incorporated or Qualified: **04/04/1980**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **59-1988258**
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

9. Name and Address of Current Registered Agent
KOPPEN, ROBERT A. 501 NE 94TH STREET MIAMI SHORES, FL EF 33138

10. Name and Address of New Registered Agent
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GLASS, BEATRICE E	
STREET ADDRESS	211 CROSS ST.	
CITY, ST., ZIP	MIAMI SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GLASS, LAWRENCE L	
STREET ADDRESS	211 CROSS ST.	
CITY, ST., ZIP	MIAMI SPRINGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GLASS, JR JOHN N	
STREET ADDRESS	211 CROSS ST.	
CITY, ST., ZIP	MIAMI SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, MARGARET	
STREET ADDRESS	211 CROSS ST.	
CITY, ST., ZIP	MIAMI SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST., ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST., ZIP		

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	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SECRETARY/TREASURER/DIRECTOR
43 STREET ADDRESS	RAMOS, MARGARET
44 CITY, ST., ZIP	211 CROSS ST
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST., ZIP	MIAMI SPRINGS FL 33166
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *Lawrence L Glass* LAURENCE L GLASS
02/02/96 306 887 3855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)