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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 633267 (0)

1. Corporation Name

GLASS-ART OF MARCO, INC.

Principal Place of Business	Mailing Address
C/O MR. ARNOLD LAWRENCE 307 ARBOR LAKE DRIVE NAPLES FL 33963	C/O MR. ARNOLD LAWRENCE 307 ARBOR LAKE DRIVE NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1930975 — 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 intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
V.A. PRAETE, PA A 2375 TAMIAMI TRAIL NORTH NAPLES FL 33941	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD	1.1 TITLE ☐ Change ☐ Addition
NAME	LAWRENCE, ARNOLD	1.2 NAME
STREET ADDRESS	307 ARBOR LAKE DRIVE	1.3 STREET ADDRESS
CITY ST ZIP	NAPLES FL	1.4 CITY ST ZIP
TITLE	PD	2.1 TITLE ☐ Change ☐ Addition
NAME	LAWRENCE, IRMA S	2.2 NAME
STREET ADDRESS	307 ARBOR LAKE DR	2.3 STREET ADDRESS
CITY ST ZIP	NAPLES FL	2.4 CITY ST ZIP
TITLE	VS	3.1 TITLE ☐ Change ☐ Addition
NAME	LAWRENCE, ARNOLD	3.2 NAME
STREET ADDRESS	307 ARBOR LAKE DRIVE	3.3 STREET ADDRESS
CITY ST ZIP	NAPLES FL	3.4 CITY ST ZIP
TITLE		4.1 TITLE ☐ Change ☐ Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY ST ZIP		4.4 CITY ST ZIP
TITLE		5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY ST ZIP		5.4 CITY ST ZIP
TITLE		6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY ST ZIP		6.4 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)(i), 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: Irma S. Lawrence — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 27 1995 — Date — Daytime Phone #