FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1, Corporation Name

681313

(3)

GLAZER GIFTS, INC.

FILED Feb 09 1998 8:00am Secretary of State



								an ii	
Principal Place of Business Mailing Address						T ANDIAN BIABI ININ TORRA HINN HINN HINN HINN HINN HINN HINN HIN	Brit Albit Bratt	41811 911)II 81811 1 881
5715 MAJOR ORLANDO FL		5715 MAJOR BLVD. ORLANDO FL 32819				DO NOT WRITE IN	THIS SPAC	E	
						3. Date Incorporated or Qualified			
		· · · · · · · · · · · · · · · · · · ·				08/06/1980			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26							t Applicable
Suite, Apt. a		Suite, Apt. #, etc. 27				5. Certificate of Status Desired			Additional equired
City & State	9	City & State				6. Election Campaign Financing			May Be
23		28	T			Trust Fund Contribution			o Fees
Zip	Country Zip		Country			8. This corporation owes or has paid the current year Intangible			
24	25	29	30	_		Personal Property Tax due June 30.	_ v Yes		No
	9. Name and Address of Currer	nt Registered Agent		81	Namo	10. Name and Address of New Regist	ered Ageni		
	EINBACH, ALI			1	- Trairie				
	91 OAKLAND PLACE NLANDO FL 32819				Street Add	ress (P.O. Box Number is Not Acceptable)			
				83					
				84	City		FL 85	Zip (Code
11. Pursuant to office or reagent. I ar	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	02 and 607.1508, Florida Sta e of Florida Such change wa jations of, Section 607.0508,	tutes, the a is authorize Florida Sta	above ed by atutes	e-named corp the corpora s.	poration submits this statement for the purp- tion's board of directors. I hereby accept th	ose of chan e appointm	ging its ant as	s registered registered
SIGNATURE	Signature, typed or printed nume of registered agr	ont and title if continable //	IOTE Benisler	on Anc	oni sinnaluva requi	ired when reinstating) D	ATE		
12.		ID DIRECTORS	13.		on organismo respo	ADDITIONS/CHANGES TO OFFICERS		CTOR	S IN 12
TITLE	VD	DELETE 1.1 TIT					☐ C		Addition
NAME	GLAZER, FRED		1.21	NAME	ļ				
STREET ADDRESS	1930 HEMPEL			STREET	ADDRESS				
CITY-ST-ZIP	WINDERMERE FL	1.4 (1-2IP				
TITLE	PD	DELETE 2.1 TI					C	nange	Addition
NAME	GLAZER, MARGOT			NAME	ſ				
STREET ADDRESS	400 E COLONIAL #803		2.3 STREET ADDRE		ADDRESS				
CITY-ST-ZIP	ORLANDO FL			2. 4 CITY-ST-ZIP					
TITLE	VD	☐ DELETE 3					Ci	nange	Addition
NAME	STEINBACH, ALI		321	NAME					
STREET ADDRESS	8091 OAKLAND PLACE		3.3 9	STREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1 **		ST-ZIP				
TITLE		☐ DELETE		ITLE			☐ Ci	nange	Addition
NAME			4, 2	NAME]				J
STREET ADDRESS			4.3 5	STREET	ADDRESS				
CITY-ST-ZIP			4.4 0	CITY-S	T-21P]
TITLE		☐ DELETE		ITLE			□ ci	nange	Addition
NAME			5.21	NAME					ļ
STREET ADDRESS			5.3 9	STREET	ADDRESS				i
CITY-ST-ZIP			5.4 (CITY-S	T-ZIP				
TITLE		DELETE	6.1 T	(TLE			☐ CH	nange	Addition
NAME			6.21	AME					
STREET ADDRESS			6.3 9	STREET	ADDRESS				ľ
CITY-ST-ZIP				CITY-S					
	artifu that the information rupplied u	ith this filing does not qualify	. for the ex		tion stated in	Section 110 07(2)(i) Florido Statutos, Lifurti		-1.46.0	interretion

I nereby certify that the information supplied with this filling 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 and had 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 accuracy for 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 affactment with an address.

CIGNATURE.

100