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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90076 012 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 761349					
1. Corporation Name CENTRAL FLORIDA DEPRESSION ERA GLASS CLUB, INC.					
Principal Place of Business P O BOX 948042 N J PURYEA 3701 IBIS DR ORLANDO FL 32803 US			Mailing Address P O BOX 948042 N J PURYEA 3701 IBIS DR ORLANDO FL 32803 US		



2. Principal Place of Business 21 853 S. ORLANDO AVE Suite, Apt. #, etc.		2a. Mailing Address 26 853 S. ORLANDO AVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/06/1982	
22 City & State WINTER PARK, FL.		27 City & State WINTER PARK, FL.		4. FEI Number 58-1882108	
23 Zip 32789		28 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 32789		25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent PURYEA, NELSON J 3701 IBIS DR ORLANDO FL 32803				10. Name and Address of New Registered Agent 81 Name HERSHONE, SHERRIE 82 Street Address (P.O. Box Number is Not Acceptable) 853 S. ORLANDO AVENUE 83 84 City WINTER PARK FL 85 Zip Code 32789			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Charles Hershone DATE 4/9/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIMA, MANNIE	1.2 NAME	
STREET ADDRESS	850 CALAFUT CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIDO FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARENS, MATHEW	2.2 NAME	
STREET ADDRESS	112 OLD HICKORY CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURYEA, NELSON J	3.2 NAME	SHERRIE HERSHONE
STREET ADDRESS	3701 IBIS DR	3.3 STREET ADDRESS	853 S. ORLANDO AVENUE
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANKINS, WENDY	4.2 NAME	PURYEA, NELSON J
STREET ADDRESS	555 SEMINOLE WOOD SBLVD	4.3 STREET ADDRESS	3701 IBIS DRIVE
CITY-ST-ZIP	GENEVA FL	4.4 CITY-ST-ZIP	ORLANDO FL 32803
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENAYS, CHRISTIE	5.2 NAME	HERSHONE, BARRY
STREET ADDRESS	1812 JANICE AVENUE	5.3 STREET ADDRESS	853 S. ORLANDO AVENUE
CITY-ST-ZIP	ORLANDO FL 32803	5.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARENS, NICOLE	6.2 NAME	CHARTERS, LYNDIA LEA
STREET ADDRESS	112 OLD HICKORY COURT	6.3 STREET ADDRESS	2343 SPRINGS LANDING BLVD
CITY-ST-ZIP	LONGWOOD FL 32750	6.4 CITY-ST-ZIP	LONGWOOD, FL 32779

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

4/7/99 407-644-4547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037- (11/98)