FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000004440 (3)**

1. Corporation Name

GLACID GROUP OF FLORIDA, INC.

Principal Place of Business

2142 GILBERT AVE.
CINCINNATI OH 45206

Mailing Address

2142 GILBERT AVE.
CINCINNATI OH 45206

3. Date Incorporated or Qualified: **08/25/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **31-1406659** ☐ 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

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

GLASER, JOHN F JR.
1600 WELLESLEY CIRCLE (MGM OFFICE)
NAPLES FL 33999

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 Section 607.0505 and 607.1505, Florida Statutes, the undersigned corporation files this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the name and address of the registered agent are identical to those as last reported with respect to 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	CS	☐ DELETE
NAME	GLASER, JOHN F III	
STREET ADDRESS	2142 GILBERT AVE.	
CITY-ST-ZIP	CINCINNATI OH 45206	
TITLE	CT	☐ DELETE
NAME	GLASER, M. JOSHUA	
STREET ADDRESS	2142 GILBERT AVE.	
CITY-ST-ZIP	CINCINNATI OH 45206	
TITLE	D	☐ DELETE
NAME	GLASER, THOMAS G	
STREET ADDRESS	2142 GILBERT AVE.	
CITY-ST-ZIP	CINCINNATI OH 45206	
TITLE	DV	☒ DELETE
NAME	HERRMANN, ROBERT W	
STREET ADDRESS	6851 18TH STREET S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	P	☐ DELETE
NAME	GLASER, JOHN F JR.	
STREET ADDRESS	2142 GILBERT AVE.	
CITY-ST-ZIP	CINCINNATI OH 45206	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change	☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE	☐ Change	☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	☐ Change	☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE	☐ Change	☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	☐ Change	☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	☐ Change	☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I hereby certify that the information supplied with this report is true, accurate, complete and current as of the date of this report. I further certify that the information indicated on this report or supplemental attachments to this report is true, accurate and complete. Signatures 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 other court-appointed fiduciary required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an indication of my office or my addition or deletion.

SIGNATURE: [signature] 3/10/96 5139613003

SIGN HERE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

[signature] Jr.