## 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 # F9400004440 (3)

GLACID GROUP OF FLORIDA, INC.

**FILED** May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address	-
2142 GILBERT AVE. 2142 GILBERT AVE.	
CINCINNATI OH 45208 CINCINNATI OH 45206	DO NOT WRITE IN THIS SPACE
	3. Date incorporated or Qualified
	08/25/1994
2. Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For 31-1406659 Not Applicable
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.	CO 7E Additional
22	5. Certificate of Status Desired Fee Required
City & State City & State	6. Election Campaign Financing \$5.00 May Be
23 28	Trust Fund Contribution Added to Fees
Zip Country Zip Country	8. This corporation owes or has paid the current year Intangible Personal Property Tex due June 30
24   25   29   30   9, Name and Address of Current Registered Agent	Personal Property Tax due June 30. 24 Yes
GLASER, JOHN F JR. 81 Name	ID. Canada in Francisco C. (Contribution of State Contribution of Contribution
1900 WELLESLEY CIPCLE (MCM OFFICE)	(DO D. M
NAPLES FL 33999	ess (P.O. Box Number is Not Acceptable)
83	
84 City	85 Zip Code
	F∟   34116
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corp office or registered agent, or both, in the Stato of Florida. Such change was authorized by the corporati agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</li> </ol>	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	
Signature, typed or printed native of registered eyent and tritical applicable. (NOTE: Registered Agent signature require	·
12. OFFICERS AND DIRECTORS 13.  TITLE CS DELETE 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME GLASER, JOHN F III 12 NAME	Change C Accident
STREET ADDRESS 2142 GILBERT AVE. 1.3 STREET ADDRESS	
CHY-SI-ZIP CINCHNATI OH 45208	
TITLE CT DELETE 2.1 TITLE	☐ Change ☐ Addition
NAME GLASER, M. JOSHUA 22 NAME	
STREET ADDRESS 2142 GILBERT AVE. 2.3 STREET ADDRESS	
CITY-ST-ZIP CINCINNATI OH 45208 2.4 CITY-ST-ZIP	
TITLE D DELETE 3.1 TITLE	Change Addition
NAME GLASER, THOMAS G	
STREET ADDRESS 2142 GILBERT AVE. 3.3 STREET ADDRESS	ł
CITY-ST-ZIP CINCINNATI OH 45206 3.4 CITY-ST-ZIP	T 64-120-1-1
OLASED JOHN E ID	☐ Change ☐ Addition
STREET ADDRESS 2142 GILBERT AVE. 4.2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP CINCINNATI OH 45208	
TITLE DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	☐ Change ☐ Addition
NAME 6.2 NAME	
STREET ADDRESS 63 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	

Indicated on this annual report or supplied with this hirry does not quality for the exemption stated in section 1.19.07(3)(j), Florida Statutes. I further certify that the informatio indicated on this annual report or suppliemental 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.

V4/20/98

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