SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

G79861

(2)

NOUVEAU GLASS ART STUDIOS, INC.

FILED

96 SEP 10 AM 11: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA



	45	Mailing Address			<u> </u>			
Principal Place	of Business	Minning / Yourse						
243 ANGELES		243 ANGELES ROAD						
DEBARY FL 32	713	DEBARY FL 32713			3. Date Incorporated or Qualified	3a. Date of	f Last Re	eport
					01/17/1984	06/09/		
	10	2a. Mailing Address			4. FEI Number	1	Ap	plied For
2. Principal Pla	ice of Business	26			59-2422004		No	t Applicabl
Suite, Apt. #	ato	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
	, etc.	27			5. Certificate of Status Desired	<u> </u>	Fee Re	'
City & State		City & State			6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution	<u> </u>	Added t	
Zip	Country	Zip	Cou	intry	8. This corporation has liability for in		under s. Io	199.032,
24	25	29	30]		Florida Statutes 10. Name and Address of New Reg			
	9. Name and Address of Curren	Registered Agent		81 Name	To. Haine and Address of their Ites		···	
` wo	ods, Christopher Lee			-				
	ANGELES ROAD			82 Street Add	reet Address (P.O. Box Number is Not Acceptable)			
	BARY FL 32713			83		1 1) 1, 2, 4	3	्रहा 🗎
				83	-03/25/	<u> 36U1U</u>	1 (L	11 <i>6</i> 2007
				84 City	******	⊳.Ա⊔լ 1 6	唐李张(1)(Code
				i i a semad sore	poration submits this statement for the pu	roose of cha	nging its	registered
11. Pursuant t office or re agent. I ar	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	authorized lorida Stat	d by the corporat utes.	poration submits this statement for the pulson's board of directors. I hereby accept	the appointm	ient as re	agistered
SIGNATURE .	Signature, typed or printed name of registered age	ot and title if applicable (No.	OTE: Registere	ed Agent signature requ	lred when reinstating)	DATE		
12.	OFFICERS AN	THE COLUMN TO TH	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DI		3S IN 12
TITLE	PD	DELETE	1.1 T	TLE			Change	Additi
NAME	WOODS, CHRISTOPHER		1.2 N	IAME				
STREET ADDRESS	243 ANGELES RD.		1.35	STREET ADDRESS				
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NAME	WOODS, CHRISTOPHER		221	NAME				
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NAME				NAME				
STREET ADDRESS			4.3	STREET ADDRESS				
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NAME				NAME				
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NAME				NAME	in .	_		
STREET ADDRESS			6.3	STREET ADDRESS	1960-10	9-96		
I.			6.4	CITY-ST-ZIP	The state of the supposition at a lad of the Section	119 07/31/41	Florida :	Statutes I
14. I do here	eby certify that the information suppli	ed with this filing is voluntarily	/ furnished	l and does not qu	valify for the exemption stated in Section e and accurate and that my signature sh	all have the s	ame leg	al effect as

further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and made under eath; 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.

LU LE WOODE CHRISTOPHER LES WOODS
PED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

9/1/96 (40) 668 2280