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 #

CITY-ST-ZIP

G79861

(2)

NOUVEAU GLASS ART STUDIOS, INC.

FILED Mar 30 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Ad	Mailing Address					e intelle date enten etent latte detat tel)E #1#11 #1#11	#1#11 #1# 11 1	Tiğis Aldılı	1081
243 ANGELES			243 ANGELES ROAD									
DEBARY FL 32713		DEBARY F	DEBARY FL 32713				DO NOT WRITE IN THIS SPACE					
							3	. Date Incorporated or Qualified				
i								01/17/1984				
2. Principal P	lace of Business	2a. Mailing	Address				4	. FEI Number			Applied	For
21		26	26				59-2422004			Not App	olicable	
Suite, Apt.	#, etc.	Suite. /	Suite, Apt. #, etc.			5	. Certificate of Status Desired		+ - · ·	5 Additi		
22		27								····· · · · · · · · · · · · · · · · ·	Require	
City & State	9	— ·	City & State				6	. Election Campaign Financing	<u></u>		OO May	
23 Zin	Country	28 Zip		Cou	intra			Trust Fund Contribution			ed to Fed	
Zìp	— ·	29			Country 30		8	 This corporation owes or has pa Personal Property Tax due June 		rent year 'as	Intangio No	H 0
24	25 9. Name and Address of Curr		gent	[30]	Τ		10	Name and Address of New Re			E.S. 140	
WO	ODS, CHRISTOPHER LEE				81	Name			 			
	ANGELES ROAD				82	O+		O O Day Name to Not Assessed	-1-1			
	BARY FL 32713					Street A	kaaress (lress (P.O. Box Number is Not Acceptable)				
	3411 12 02, 10				83							
					-					7-17-	Co do	
					84	City			FL	85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508	Florida Statu	tes, the al	bove	e-named o	corporati	on submits this statement for the p	ourpose of	changin	g its reg	stered
office of r	egistered agent, or both, in the Sta m familiar with, and accept the obt	ite of Florida. Such ligations of, Sectio	i change was n 607.0505, F	authorizei Iorida Stat	a by lutes	/ the corp 3.	oration's	board of directors. I hereby acce	ot the app	ointment	as regis	terea
SIGNATURE	•							*				
OIGH AT OTHE	Signature, typed or printed name of registered i		ie (NO		d Age	ni signalure i	required who	en reinstating)	DATE			
12.		ND DIRECTORS	DELETE	13.				ADDITIONS/CHANGES TO OFFICE	ERS AND			
TITLE	PD WOODS CUDISTODUED		☐ DELETE	1.1 TO						∐ Chang	اسا علا	Addition
NAME	WOODS, CHRISTOPHER			1.2 N/								
STREET ADDRESS	243 Angeles Rd. Debary Fl					ADDRESS						
CITY-ST-ZIP	STD		DELETE	1.4 CI 2.1 TI		I - ZIP				Chang	ne TT	Addition
NAME	WOODS, CHRISTOPHER			2.1 II						L) Origing	,	/ doi:
	243 ANGELES RD.					ADDRESS						
STREET ADDRESS	DEBARY FL					ST-ZIP						
CITY-ST-ZIP TITLE	DEDAITIE		DELETE	3.1 Ti	••••	51-219				☐ Chang	oe 🔲	Addition
NAME				3.2 N/							. –	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP						ST-ZIP						
TITLE			DELETE	4.1 10						Chang	ge 🔲	Addition
NAME				4.2 N	AME							
STREET ADDRESS				4.3 \$1	TREET	ADDRESS						
CITY-ST-ZIP				4.4 CI	TY-S	T-ZIP						
TITLE			DELETE	5.1 Tr	TLE					☐ Chang	je 📗	Addition
NAME				5.2 N	AME							
STREET ADDRESS				5.3 \$1	TREET	ADDRESS						
CITY-ST-ZIP				5.4 C)	TY-S	T-ZIP						
TITLE			DELETE	6.1 Ti	TLE					☐ Chang	je 🗆	Addition
NAME				6.2 N	AME							
ATRECT ARABECC				6 2 91	TOCET	ADDRESS						

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.