FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H04227

(5)

S. J. GL	AUSER, INC.			 	
Principal Place of Business Mailing Address					<u> </u>
6828 S. TAMIAMI TRAIL SARASOTA FL 34231 6828 S. TAMIAMI TRAIL SARASOTA FL 34231-5604					
				3. Date Incorporated or Qualified 05/18/1984	d 3a. Date of Last Report 02/14/1996
2. Principal F	Place of Business	2a. Mailing Address	\$	4. FEI Number	Applied For
21 26			59-2416513	Not Applicable	
27			C.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country	8. This corporation has liability for	or intangible tax under s. 199.032,
24	9. Name and Address of Curre	29 ent Registered Agent	30	Florida Statutes 10. Name and Address of New I	Yes No
GI A	USER, STEVEN JERRY	m riogrational rigorit	81 Name	IQ, Italia alia nadiosa di Ilaw i	and a second
6828 S. TAMIAMI TRAIL SARASOTA FL 34231				dress (P.O. Box Number is Not Accept	able)
			83		
			84 City		B5 Zip Code
44 (1)		00 - 1007 4000 5:			
office or agent. La	registered agent, or both, in the Statem familiar with, and accept the obligation	e of Florida. Such change gations of, Section 607.050	was authorized by the corpora 05, Florida Statutes.	poration submits this statement for the ation's board of directors. I hereby acc	a purpose of changing its registered ept the appointment as registered
SIGNATURE	Signer well typical or printed name of registered as	neol and title if applicable	(NOTE: Registered Agent signature requ	iivad when reinstaling)	DATE
12.		ND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	FICERS AND DIRECTORS IN 12
TITLE	PD	DELET	E 1.1 TITLE		Change Addition
NAVE	GLAUSER, STEVEN JERRY		1.2 NAME		
STREET ADDRESS	6828 S. TAMIAMI TRAIL		1.3 STREET ADDRESS		ļ
CHTY - ST - ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		·
TITLE		DELET	E 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		,
CHTY - ST - ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELET	E 3.1 TITLE		Change Addition
NAMÉ			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3 4. CITY - ST - ZIP		
TillE		DELET			Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY - ST - ZIP		DELET	4.4 CITY - ST - ZIP		
TIPLE		F" DETE		•	Change Addition
NAME CTOLET ADDRESS			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - \$1 - ZIP TITLE		DELET	5 4 CiTY-ST-ZiP		Character Lawrence
		ריי מנונו	1		Change Addition
NAME STREET ADDRESS			6.2 NAME		
OTHER FACTOR			6 3 STREET ADDRESS		

14. I do 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 charge d, or an an attribute that my name appears in Block 12 or Block 13 if charge d, or an an attribute the same legal effect as if made under oath; that

SIGNATURE:

ATURE AND TYPED OF PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

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3/3/97

941-923-3441

FILED

Mar 07 1997 8:00am

Secretary of State

Daytima Phone