

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
WALTER B. MURPHY
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 PM 2:08

DOCUMENT # **JO6304** (6)

1. Corporation Name
GLO-RAY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **5445 MARINER ST STE 306 TAMPA FL 33609 US**
Mailing Address: **5445 MARINER ST #306 TAMPA FL 33609 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized: **03/27/1986**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-2669882**
Applied For: Not Applicable:

22. Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. ZIP: **25** County: **29** ZIP: **30** County:

8. This corporation has liability for intangible tax under S. 199(3)(c), Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SCALISE, RAYMOND
5445 MARINER ST
STE 306
TAMPA FL 33609**

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 Sections 607.0202 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0202, Florida Statute.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Director)

12. OFFICERS AND DIRECTORS

12-1 NAME	PT
12-2 NAME	SCALISE, RAYMOND J.
12-3 STREET ADDRESS	5445 MARINER ST #306
12-4 CITY & STATE	TAMPA FL
12-5 NAME	
12-6 NAME	
12-7 NAME	
12-8 NAME	
12-9 NAME	
12-10 NAME	
12-11 NAME	
12-12 NAME	
12-13 NAME	
12-14 NAME	
12-15 NAME	
12-16 NAME	
12-17 NAME	
12-18 NAME	
12-19 NAME	
12-20 NAME	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13-1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-2 NAME	
13-3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-4 CITY & STATE	
13-5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-6 NAME	
13-7 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-8 CITY & STATE	
13-9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-10 NAME	
13-11 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-12 CITY & STATE	
13-13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-14 NAME	
13-15 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-16 CITY & STATE	
13-17 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-18 NAME	
13-19 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-20 CITY & STATE	

14. I, the filer, certify that the information supplied with this filing, substantially furnished and does not qualify for the exemption stated in Section 139.07(1)(g), Florida Statutes. Further, I 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 13 if changed, or on an attached list with an address.

SIGNATURE: RAYMOND J. SCALISE, PRESIDENT
Raymond Scalise

4/28/95

813-287-2134
Tallahassee, Florida