

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K09966** (8)

1. Corporation Name

ARTISTRY IN GLASS BY CARL MARCUS, INC.



Principal Place of Business

**C/O CARL QUITZAU
140 5TH STREET SOUTH
NAPLES FL 33940**

Mailing Address

**C/O CARL QUITZAU
140 5TH STREET SOUTH
NAPLES FL 33940**

3. Date Incorporated or Qualified
12/31/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **3784 Progress Avenue**

Suite, Apt. #, etc.

22

City & State

23 **Naples FL**

24 Zip **33942**

Country

25 **USA**

2a. Mailing Address

26 **P.O. Box 1525**

Suite, Apt. #, etc.

27

City & State

28 **Naples FL**

Zip

29 **33939**

Country

30 **USA**

4. FEI Number
65-0018891

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**QUITZAU, CARL
140 5TH STREET SOUTH
NAPLES FL 33940**

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 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
QUITZAU, CARL**
STREET ADDRESS **140 FIFTH ST. SO.**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **STD
QUITZAU, CARL**
STREET ADDRESS **140 FIFTH ST. SO.**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

CARL M QUITZAU

4/21/96

941-643 0655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)