SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

## **PROFIT** CORPORATION

**ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # KEON

101

## **FILED** Jul 23 1998 8:00am Secretary of State

1. Corporatio	on Name	NOSUS	)	(0)			
GLASSE	S RX, IN	r.					
GLASSE	יאון יערו ט.	U·					4 (88)(8)(4) \$18 \$4)(\$ (\$4)() \$80(\$6 (i)(\$) (i(\$) \$10) \$10) \$(\$4)(\$1)(\$1) \$10(
Principal Plac	o of Ruelnes		Mailing Address  1380 E VENICE AVE VENICE FL 34282 US  2a. Mailing Address  26 Suite, Apt. #, etc.  27 City & State  28 Zip Country  30 Country  6. Electi Trust  29 30 Country  8. This c Perso Perso Of Current Registered Agent  81 Name  82 Street Address (P.O. Bo  83 84 City  10. Name  82 Street Address (P.O. Bo  83 84 City  10. Section 607.0505, Florida Statutes, the above named corporation submitted the State of Florida. Such change was authorized by the corporation's board of the obligations of, section 607.0505, Florida Statutes.  10. Street Address (P.O. Bo  83 84 City  11. Title 12. NAME 13. STREET ADDRESS 14. CITY-ST-Zip  15. CITY-ST-Zip  16. DELETE 17. TITLE 17. NAME 13. STREET ADDRESS 14. CITY-ST-Zip 18. STREET ADDRESS 14. CITY-ST-Zip 19. DELETE 17. TITLE 17. NAME 17. STREET ADDRESS 18. CITY-ST-Zip 19. DELETE 18. TITLE 19. STREET ADDRESS 19. CITY-ST-Zip 10. DELETE 19. DELETE 19. TITLE 19. STREET ADDRESS 19. CITY-ST-Zip 10. DELETE 19. STREET ADDRESS 19. CITY-ST-Zip 19. DELETE 19. STREET ADDRESS 19. CITY-ST-Zip 19. CITY-				
l '	_	05	•				
1360 E VENICE							
Venice Fl 342   US	282			L 34282			DO NOT WRITE IN THIS SPACE
00							3. Date Incorporated or Qualified
							02/20/1989
2. Principal Place of Business 2a. Mailing Address					<del></del>		4. FEI Number Applied For
21			26	26			65-0115329 Not Applicable
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.			SR 75 Additional
22	27	27			5. Certificate of Status Desired Fee Required		
City & State City & State							6. Election Campaign Financing \$5.00 May Be
23	<u> </u>		28	28			Trust Fund Contribution Added to Fees
Zip	Zip Country			Zip Cou			8. This corporation owes or has paid the current year Intengible
24		25					Personal Property Tax due June 30. Yes No
	9. Name	and Address of Cui	rent Registered	Agent			10. Name and Address of New Registered Agent
BOONE, JEFFERY A. 81 Name							
1001	1001 AVENIDA DEL CIRCO						ddress (P.O. Box Number is Not Acceptable)
VENI	ICE FL 342	85					
					8	3	
					Ŕ	4 City	85 Zip Code
						J. J.	FL  85   Zip Code
11. Pursuani	t to th <b>e p</b> rovi	sions of sections 607.0	502 and 607.150	8, Florida Statu	tes, the abov	e-named cor	poration submits this statement for the purpose of changing its registered
Strice or signal. I a	regist <b>ere</b> a aj am fa <b>mi</b> liar v	gent, or both, in the Si vith, and accept the ol	late of Florida. Su oligations of, secti	ch change was on 607.0505, F	authorized t Iorida Statut	by the corporates.	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE		•					
	Signalure, typed				NOTE: Registered	Agent signature i	required when reinstating) DATE
12.		OFFICERS	AND DIRECTOR	S			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PDS			DELETE	1.1 TITLE		Change Addition
NAME SHOEMAKER, DAVID W					1.2 NAME		
STREET ADDRESS 1360 E VENICE AVE				1.3 STREET ADDRESS		ET ADDRESS	
CITY-ST-ZIP	VENICE F	L 34285			1.4 CITY-	ST-ZIP	
TITLE				DELETE	2.1 TITLE		Change Addition
NAME					2.2 NAME	•	
STREET ADDRESS					2.3 STRE	ET ADDRESS	
CITY-ST-ZIP					2.4 CITY-	ST-ZIP	
TITLE				DELETE	3.1 TITLE		Change Addition
NAME					3.2 NAME		
STREET ADDRESS					3.3 STRE	ET ADDRESS	
CITY-ST-ZIP					3.4 CITY-	ST-ZIP	
TITLE				DELETE	4.1 TITLE		Change Addition
NAME	;				4.2 NAME	:	
STREET ADDRESS	:				4.3 STREE	ET ADDRESS	
CITY-ST-ZIP					4.4 CITY-	ST-ZIP	
TITLE				DELETE	5.1 TITLE		Change Addition
NAME					5.2 NAME	:	
STREET ADDRESS					5.3 STREE	ET ADDRESS	
CITY-ST-ZIP					5.4 CITY-	ST-ZIP	
TITLE				DELETE			Change Addition
NAME							المالية المالي
STREET ADDRESS						T ADDRESS	
CiTY-ST-ZIP		_	k		6.4 CITY-		
14. I berehv ce	artify that the	information supplied	h this lindldos	Snot qualify for			ection 119 07/3Vi) Florida Statutes I further certify that the information

t quality for the exemption stated in section 119.07(3)(j). Horida Statutes, I further certify that the information we and accurate and that my signature shall have the same legal effect is f made under oath; that I am improved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears indicated on this annual report of suppliemed a an officer or director of the corpolation or that is in Block 12 or Block 13 if changed, or on an an incident of the corpolation or on an an incident of the corpolation or on an an incident of the corpolation of