FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY 11 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K78407 (9)

1. Corporation Name
GLASS WORLD OF PALM BEACH INC.

Principal Place of Business:
% GERALD FRANCIS MUSCENTI
2220 HIBISCUS DR., STE. 9
EDGEWATER FL 32141
US

Mailing Address:
% GERALD FRANCIS MUSCENTI
2220 HIBISCUS DR., STE. 9
EDGEWATER FL 32141
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/31/1989	05/01/1994

4. FEI Number: 65-0118990 — 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. 199.062 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21 Street, 22 Suite, Apt. # etc., 23 City & State, 24 Zip, 25 Country): SAME

2a. Mailing Address (26 Street, 27 Suite, Apt. # etc., 28 City & State, 29 Zip, 30 Country): SAME

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MUSCENTI, GERALD FRANCIS 4139 QUAIL RANCH RD. NEW SMYRNA BCH. FL 32168	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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	MUSCENTI, GERALD F.	1 NAME	
STREET ADDRESS	4139 QUAIL RANCH RD.	1 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	1 CITY-ST-ZIP	
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] — 5-5-95 — 904-427-2305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GERALD F. MUSCENTI

0012874 CP