FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:07

DOCUMENT # L12447 (3)

1. Corporation Name
BRONZ-GLOW SOUTHEAST CORPORATION

Principal Place of Business	Mailing Address
709 TALLEYRAND AVE	C/O WAYNE A. WALF
~~3733 UNIVERSITY BLVD. WEST SUITE 100~~	~~3733 UNIVERSITY BLVD STE 203~~
JACKSONVILLE FL 32202	JACKSONVILLE FL ~~32217-111~~
US	US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1989
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2964460 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 709 Talleyrand Ave	26 709 Talleyrand Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville FL	City & State 28 Jacksonville FL
Zip 24 32202 Country 25 USA	Zip 29 32202 Country 30 USA

9. Name and Address of Current Registered Agent

WOLF, WAYNE A.
3733 UNIVERSITY BLVD WEST
STE 203
JACKSONVILLE FL 32217

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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BIELAMOWICZ, MICHAEL C.
STREET ADDRESS	709 TALLEYRAND AVE #B
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	PTD
NAME	BIELAMOWICZ, LINDA L.
STREET ADDRESS	709 TALLEYRAND AVE #B
CITY-ST-ZIP	JAKCSONVILLE FL
TITLE	VSD
NAME	JACOBS, JOHN G.
STREET ADDRESS	709 TALLEYRAND AVE #B
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	GIBB, PETER
STREET ADDRESS	29 FIFTH AVE.
CITY-ST-ZIP	PORT WASHINGTON NY
TITLE	D
NAME	RUMBOLD, SCOTT
STREET ADDRESS	79 BARKERS POINT RD
CITY-ST-ZIP	SANDS POINT NY
TITLE	
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(1)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 02/22/95 Daytime Phone: 904-354-7731

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