

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L12447 (3)

1. Corporation Name

BRONZ-GLOW SOUTHEAST CORPORATION

Principal Place of Business

Mailing Address

709 TALLEYRAND AVE
~~3733 UNIVERSITY BLVD. WEST, SUITE 406~~
JACKSONVILLE FL 32202
US

~~C/O WAYNE A. WOLF~~
~~709 TALLEYRAND AVE.~~
JACKSONVILLE FL 32202
US



2. Principal Place of Business
21 709 TALLEYRAND AVE
Suite, Apt. #, etc.
22 #B
City & State
23 Jacksonville FL
Zip Country
24 32202 25 USA
2a. Mailing Address
26 1850 WAMBOLT ST
Suite, Apt. #, etc.
27
City & State
28 Jacksonville FL
Zip Country
29 32202 30 USA

3. Date Incorporated or Qualified 08/30/1989
3a. Date of Last Report 02/27/1995
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name DAVID G. JACOBS
82 Street Address (P.O. Box Number is Not Acceptable) 1850-1 WAMBOLT Street
83
84 City Jacksonville FL 85 Zip Code 32202

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

[Signature] UP

(NOTE: Registered Agent signature required when reinstating)

04/20/96

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-STATE-ZIP
VD BELAMOWICZ, MICHAEL C. 709 TALLEYRAND AVE #B JACKSONVILLE FL
PTD BELAMOWICZ, LINDA L. 709 TALLEYRAND AVE #B JACKSONVILLE FL
VSD JACOBS, JOHN G. 709 TALLEYRAND AVE #B JACKSONVILLE FL
D GIBB, PETER 29 FIFTH AVE. PORT WASHINGTON NY
D RUMBOLD, SCOTT 79 BARKERS POINT RD SANDS POINT NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE V/S/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE P/D ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE V/T/D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE V ☐ Change ☒ Addition
6.2 NAME DAVID G. JACOBS
6.3 STREET ADDRESS 1850 WAMBOLT ST
6.4 CITY-STATE-ZIP JACKSONVILLE, FL 32202

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 in addition to an agent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/96

DATE

904-354-7731

Daytime Phone

CR2E034 (12/95)