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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 #B JACKSONVILLE FL 32202 US	1850 WAMBOLT ST ~~709 TALLEYRAND AVE.~~ JACKSONVILLE FL 32202-1023 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 1850 WAMBOLT St	08/30/1989	04/24/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For ☐ Not Applicable
22	27 Suite 1	59-2964460	
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23	28 JACKSONVille, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
24 / 25	29 32202 / 30 US		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACOBS, DAVID G. 1850-1 WAMBOLT STREET ~~STE 203~~ JACKSONVILLE FL 32202	81 Name: DAVID G. JACOBS 82 Street Address (P.O. Box Number is Not Acceptable): 1850 WAMBOLT Street 83 Suite 1 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], CFO — 01/13/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VDS	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BIELAMOWICZ, MICHAEL C.		1.2 NAME		
STREET ADDRESS	709 TALLEYRAND AVE #B		1.3 STREET ADDRESS	1850 WAMBOLT Street	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVille, FL	
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BIELAMOWICZ, LINDA L.		2.2 NAME		
STREET ADDRESS	709 TALLEYRAND AVE #B		2.3 STREET ADDRESS	1850 WAMBORT Street	
CITY-ST-ZIP	JAKCSONVILLE FL		2.4 CITY-ST-ZIP	JACKSONVille FL	
TITLE	VTD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	JACOBS, JOHN G.		3.2 NAME		
STREET ADDRESS	709 TALLEYRAND AVE #B		3.3 STREET ADDRESS	1850 WAMBORT Street	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	JACKSONVille FL	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JACOBS, DAVID G.		4.2 NAME		
STREET ADDRESS	1850 WAMBOLT ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 added by attachment with an address.

SIGNATURE: [signature], CFO — 01/13/97 — 904-354-7731