

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 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 # M15042 (8)

1. Corporation Name  
STAINED GLASS EMPORIUM, INC.



Principal Place of Business  
2221-E TAMiami TRAIL  
PT. CHARLOTTE FL 33948

Mailing Address  
2221-E TAMiami TRAIL  
PT. CHARLOTTE FL 33948-2123

3. Date Incorporated or Qualified 05/07/1985  
3a. Date of Last Report 08/14/1996

2. Principal Place of Business  
21 3769-TAMiami TR  
Suite, Apt. #, etc.

2a. Mailing Address  
26 3769 TAMiami TR  
Suite, Apt. #, etc.

4. FEI Number 59-2638703  
Applied For Not Applicable

22 SUITE D  
City & State

27 SUITE D  
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 PT CHARLOTTE F  
Zip

28 PT CHARLOTTE FL  
Zip

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33952 25 CHARLOTTE 29 33952 30 CHARLOTTE

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

ARNOLD, M. JANE  
2221-E TAMiami TRAIL  
PORT CHARLOTTE FL 33948

81 Name ARNOLD M. JANE  
82 Street Address (P.O. Box Number is Not Acceptable) 3769 - D TAMiami TR  
83  
84 City PT CHARLOTTE FL 85 Zip Code 33952

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO	<input type="checkbox"/> DELETE
NAME	ARNOLD, M. JANE	
STREET ADDRESS	2221-E TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	ARNOLD M JANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	3769 - D TAMiami TR	
1.4 CITY-ST-ZIP	PT CHARLOTTE FL 33952	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: M. Jane Arnold  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JANE ARNOLD 4-25-97 941 255-0990  
Date Daytime Phone #

CR2E034 (9/96)