

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M33743** (9)

1. Corporation Name
DUST AND GLITTER INC.



Principal Place of Business: **C/O DENA STOPNICKI 5863 SUNSET DR S MIAMI FL 33143**
Mailing Address: **C/O DENA STOPNICKI 5863 SUNSET DR S MIAMI FL 33143**

2. Principal Place of Business: **21** State, Apt., #, etc. **22** City & State **23** Zip **24** Country
2a. Mailing Address: **26** State, Apt., #, etc. **27** City & State **28** Zip **29** Country

9. Name and Address of Current Registered Agent

STOPNICKI, DENA 5863 SUNSET DR S MIAMI FL 33143

3. Date Incorporated or Qualified: **06/16/1986**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-2725820** 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. 190.032 Florida Statutes: Yes No

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 607.0602 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	STOPNICKI, DENA	
STREET ADDRESS	130 W. RIVO ALTO DR.	
CITY-STATE-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this Form is true and fully furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that I am an officer or director of the corporation, or the registered or transfer agent, or both, and that my signature shall have the same legal effect as if made under oath, appears in Book 12 of Public Records, or on an affidavit sworn to, an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4396 (305-6674025)

CR2E034 (12/95)