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Apr 28, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43635

1. Corporation Name

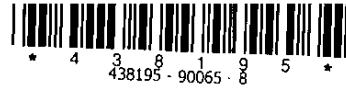
CENTRAL FLORIDA GLASSAHOLICS, INC.

Principal Place of Business

BOX 2319
 LAKELAND FL 33806

Mailing Address

BOX 2319
 LAKELAND FL 33806



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/24/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2436660	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

9. Name and Address of Current Registered Agent

PETTEWAY, MARIAN
5336 GLENMORE DR
LAKELAND FL 33813

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE:

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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETTEWAY, MARIAN	1.2 NAME	Charles Jacobson
STREET ADDRESS	5336 GLENMORE DR	1.3 STREET ADDRESS	1400 Grasslands Blvd. #90
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUICK, MILTON	2.2 NAME	Raleigh Petteway
STREET ADDRESS	2975 SHINGLE CREEK CT	2.3 STREET ADDRESS	5336 Glenmore Dr.
CITY-ST-ZIP	KISSIMMEE FL 34746	2.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILES, JOANN	3.2 NAME	Benetta Martin
STREET ADDRESS	400 GRIMES DR	3.3 STREET ADDRESS	5721 Baker Dairy Road
CITY-ST-ZIP	AUBURNDALE FL 33823	3.4 CITY-ST-ZIP	Haines City, FL 33845
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOKS, FRANKIE	4.2 NAME	
STREET ADDRESS	5745 POINCIANA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, TED	5.2 NAME	
STREET ADDRESS	1100 OAKBRIDGE PKWY #119	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

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

April 23, 1999

(941) 499-6982

Date

Daytime Phone #

CR2E037 (11/98)