FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:24

DOCUMENT # **P34663** **(5)**

1. Corporation Name
GLASMACHER & CO., INC.

Principal Place of Business	Mailing Address
101 SHADY BRANCH TRAIL ORMOND BEACH FL 32174	P. O. BOX 730246 ORMOND BCH FL 32173-0246 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/05/1991
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 58-1274143 ☐ 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

VANACORE, JOSEPH J.
101 SHADY BRANCH TRAIL
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 _____ N/A _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	1.1 TITLE
NAME	GLASMACHER, CHRISTOF P.	1.2 NAME
STREET ADDRESS	KURFURSTENSTRASSE 18	
CITY-ST-ZIP	80801 MUNCHEN GE	
TITLE	S	
NAME	VANACORE, JOSEPH J.	
STREET ADDRESS	101 SHADY BRANCH TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

☐ Change ☐ Addition

Block 12: 3/14/95 THE V ATHEOK (N SECRETARY OF STATE DIVISION OF CORPORATIONS Block 95 MAR 15 AM 11:24 ELIMINATED & THUS THE FEI # REMAINS AS IS.

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(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: _____ 2/20/95 _____ 904-677-9040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

JOSEPH J. VANACORE

0404244 FP