

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sonoma B. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P92000014383 (3)

1. Corporation Name

HOWARD GLEN INDUSTRIES, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/24/1992** 3a. Date of Last Report **04/22/1994**

4. FEI Number **65-0374120** Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

**3445 PINEWALK DRIVE NORTH
APT. 205
MARGATE FL 33063**

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 25. Country 28. Zip 30. Country

9. Name and Address of Current Registered Agent

**KASS, MARK E
1497 NW 7TH ST.
MIAMI FL 33125**

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 607.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **GLEN, HOWARD**
STREET ADDRESS **3445 PINEWALK DRIVE NORTH, APT. 205**
CITY - ST - ZIP **MARGATE FL 33063**

TITLE
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CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP ☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP ☐ Change ☐ Addition

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP ☐ Change ☐ Addition

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP ☐ Change ☐ Addition

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP ☐ Change ☐ Addition

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP ☐ Change ☐ Addition

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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MA HOWARD GLEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 **308-75-3388**
Date Daytime Phone #