

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000014383 (3)

1. Corporation Name

HOWARD GLEN INDUSTRIES, INC.



Principal Place of Business

3445 PINEWALK DRIVE NORTH
APT. 205
MARGATE FL 33063

Mailing Address

3445 PINEWALK DRIVE NORTH
APT. 205
MARGATE FL 33063

2. Principal Place of Business

21 6206 N.W. 74th CT
Suite, Apt. #, etc.

22 City & State
23 Parkland, Florida

24 Zip 33067 25 Country Broward

2a. Mailing Address

26 6206 N.W. 74th CT
Suite, Apt. #, etc.

27 City & State
28 Parkland, Florida

29 Zip 33067 30 Country Broward

g. Name and Address of Current Registered Agent

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

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 Section 607.0602 and 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

[Signature]

DATE: 4/15/1996

4/15/1996

12. OFFICERS AND DIRECTORS

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☒ Change ☐ Addition
11 TITLE		
12 NAME		
13 STREET ADDRESS	6206 N.W. 74 th COURT	
14 CITY-STATE-ZIP	Parkland, Florida 33067	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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 139.07(5)(b), Florida Statutes. Further, I 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, listed, or added with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

4/15/96

305-753-3336

CR2E034 (12/95)