

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000009395 (3)**

1. Corporation Name

**PASSING GLANCE, INC.**



Principal Place of Business

**6944 SUNRISE TERR  
CORAL GABLES FL 33133**

Mailing Address

**6944 SUNRISE TERR  
CORAL GABLES FL 33133**

2. Principal Place of Business

21 **6280 Sunset Drive**

Subst., Apt. #, etc.

22 **Suite 503**

City & State

23 **Miami, FL**

Zip

24 **33143**

Country

25 **U.S.A.**

2a. Mailing Address

26 **6280 Sunset Drive**

Subst., Apt. #, etc.

27 **Suite 503**

City & State

28 **Miami, FL**

Zip

29 **33143**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**WILSON, PATRICIA  
6944 SUNRISE TERR  
CORAL GABLES FL 33133**

3. Date Incorporated or Qualified

**02/08/1993**

3a. Date of Last Report

**07/17/1995**

4. FEI Number

**65-0409703**

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

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 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Name of Signer (Print Name)

Title of Registered Agent (Print Name)

Date

12. OFFICERS AND DIRECTORS

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP  
5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY-STATE-ZIP  
9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY-STATE-ZIP  
13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY-STATE-ZIP  
17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY-STATE-ZIP

**PTSD  
WILSON, PATRICIA  
6944 SUNRISE TERRACE  
CORAL GABLES FL 33133**

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP  
5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY-STATE-ZIP  
9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY-STATE-ZIP  
13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY-STATE-ZIP  
17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY-STATE-ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 registrar 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Patricia A. Wilson*

12/9/96 305-6635390

Date of Filing

CR2E034 (12/95)