

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000003911 (2)

1. Corporation Name

KHEOPS GLASS ART INC.

Principal Place of Business

**341 SKYWAY DRIVE
EDGEWATER FL 32131**

Mailing Address

**341 SKYWAY DRIVE
EDGEWATER FL 32131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/18/1994

3a. Date of Last Report

Applied For
Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

32132

Country

25

2a. Mailing Address

26

P. O. Box 213

Suite, Apt. #, etc.

27

City & State

28

New Smyrna Beach

Zip

29

32170-0213

Country

30

4. FEI Number

59-3217467

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

**GUEYMARD, CHRISTIAN A
2959 RAGIS ROAD
EDGEWATER FL 32132**

10. Name and Address of New Registered Agent

81 Name

Georges Bernard

82 Street Address (P.O. Box Number is Not Acceptable)

2949 Ragis Road

83

84 City

Edgewater

FL

85 Zip Code
32132

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

Georges Bernard, president

04/18/95

12. OFFICERS AND DIRECTORS

TITLE **President**
NAME **Georges Bernard**
STREET ADDRESS **2949 Ragis Road**
CITY - ST - ZIP **Edgewater, FL 32132**

TITLE **Vice-president**
NAME **Michel Charbonneau**
STREET ADDRESS **585 Rang 8**
CITY - ST - ZIP **Ham-Nord, P.O. Canada G0P 1A0**

TITLE **Secretary**
NAME **Marie-Josée Vaillant**
STREET ADDRESS **2969 Ragis Road**
CITY - ST - ZIP **Edgewater, FL 32132**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

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 110.07(3)(b), 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:

Georges Bernard
SIGNATURE AND PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/95
Date

(904) 428-5620
Telephone Number