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PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000003911 (2) **DOCUMENT #**

Corporation Name

| KHEOPS | GLASS | ART | INC. |
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Mailing Address Principal Place of Business 341 SKYWAY DRIVE P O BOX NEW SMYRNA BEACH FL 32170-0213 **EDGEWATER FL 32131** HS 3. Date Incorporated or Qualified 3a. Date of Last Report 01/18/1994 04/21/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3217467 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032. Country 200 Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **GEORGES BERNARD** Street Address (P.O. Box Number is Not Acceptable) 82 2949 RAGIS RD 63 **EDGWATER FL 32132** Zip Code 85 84 City 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 NOTE Emphases Agents greature required when remateding Signature, typod or printed name of regularist agent and titlent applicant. (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1111.6 TITLE CR2E034 BERNARD, GEORGES NAME 2949 RAGIS RD 1.3 STREET ADDRESS STREET ADDRESS **EDGEWATER FL** 1.4 O:1Y - ST - ZIP C-TY - ST - ZIP Addition Change DELFTE TITLE CHARBONNEAU, MICHEL 2.2 NAME NAME 585 RANG 8 2.3 STREET ADDRESS STREET ADDRESS HAM-NORD P 2.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 3 1 TITLE TITLE VAILLANT, MARIE-JOSEE 3.2 NAME NAME 2969 RAGIS RD 3.3 STREET ADDRESS STREET ADDRESS **EDGEWATER FL** 3.4 CITY - ST - ZIP CITY-ST-7P Addit.on Change. □ DELETE 4 1 TH F TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 C:TY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5 1 T.TLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY+ST ZIP CITY-ST-ZIP Add tion DELETE 6 1 III.E TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - Z!P DITY-ST-7:P

14. I do hereby certify that the information supplied with this fing 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 indicated on this 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 on an attachment with an address appears in Block 12 or Block 13 if chang MICO S SNING OFFICER OR DIRECTOR

SIGNATURE: