

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 # P94000003911 (2)

1. Corporation Name

KHEOPS GLASS ART INC.



Principal Place of Business

341 SKYWAY DRIVE
EDGEWATER FL 32131

Mailing Address

P O BOX
NEW SMYRNA BEACH FL 32170-0213
US

3. Date Incorporated or Qualified

01/18/1994

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3217467

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEORGES BERNARD
2949 RAGIS RD
EDGEWATER FL 32132

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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed (Name of registered agent and title, if applicable)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

P
BERNARD, GEORGES
2949 RAGIS RD
EDGEWATER FL

DELETE

VP
CHARBONNEAU, MICHEL
585 RANG 8
HAM-NORD P

DELETE

S
VAILLANT, MARIE-JOSEE
2969 RAGIS RD
EDGEWATER FL

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-428-5620

CR2E034 (12/95)