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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000092943 (7) THE GLASS SHOP, INC.

May 08 1997 8:00am
Secretary of State

EII ED

Principal Place of Business Mailing Address THE GLASS 6HOP INC 2826 GLEASON AVENUE ORIANDO FL 32826-3664 ORIANDO FL 32826 US								
UB STANDO PL S	12026	. 05			3. Date Incorporated or Qualified 01/01/1995	3a. Date of t		
· '	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
Suite, Apt.	# ptc	26 Suite, Apt. #, etc.			59-3282939	***	Not Applicable	
22	r, Q (C)	27			5. Certificate of Status Desired		.75 Additional ee Required	
City & State	9	City & State	·		6. Election Campaign Financing		5.00 May Be	
23		28	T		Trust Fund Contribution		dded to Fees	
Zip Country 24 25		Zip Country 30		y	8. This corporation has liability for intangible tay under s. 199.032, Florida Statutes			
\$3J	9. Name and Address of Currer		1901		10. Name and Address of New Re			
	ETER, RICKY D		81	Namo				
	GLEASON AVE		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
ORL	ANDO FL 32828		83	<u> </u>				
				ļ				
4			84	City		FL B5	Zip Code	
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable (NO)			poration submits this statement for the pation's board of directors. I hereby acception when reinstances ADDITIONS/CHANGES TO OFFICE	DATE		
TITLE	P	DELETE	1,1 111Lf		ADDITIONS/CHANGES TO OFFICE	Ch Ch		
NAME	HAGETER, RICKY D		1.2 NAME	}				
STREET ADDRESS	2826 GLEASON AVE		1.3 STREE	t address				
CITY-ST-ZIP	ORLANDO FL 32826		1,4 C(TY -	S1-21P				
TITLE	vt Hageter, sandra a	☐ DELETE	2.1 TITLE	1		☐ CH	hange [_] Addition :	
NAME STREET ADDRESS	2826 GLEASON AVE		2.2 NAME 2.2 STORE	T ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32828		2 40 14-	}				
TITLE		☐ DELETE	3.1 70 (E			☐ Cł	hange 🔲 Addilion	
NAME			35 N ME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP TITLE		DELFTE	34. CTY-	51-ZIF		☐ Cr	hange 🔲 Addition	
NAME			4.2 if ME					
STREET ADDRESS			4.3 S	T ADDRESS				
CITY-ST-ZIP	·	Totici		\$1 - 7 (P			hanna T Addition	
NAME		☐ DETE1F	511 E			L_J C1	hange L_J Addition	
STREET ADDRESS			5.2 f	T ADDRESS				
CITY-ST-ZIP				\$1-2IP				
TITLE		DELETE	6.1			☐ Cr	hange Addition	
NAME			€ 2	Į				
STREET ADDRESS				1 ADDRESS				
.CITY-\$1-ZIP	by certify that the information supplie	d with this filing does not quali	ly for th	SI-ZIP emption state	d in Section 119.07(3)(i), Florida Statutos	s. I further certif	y that the	
information I am an of appears in	n Indicated on this annual report or s ficer or director of the corporation of h Block 12 or Block 13 if charged,	supplemental annual report is t the receiver or trustee empow r on arrayach mail with an add	rue and verad to drais.	urate and tha	at my signature shall have the same lega ort as required by Chapter 607, Florida S	I offect as if ma tatutes; and tha	ide under oath; tha it my name	
SIGNAT	nv.c.v.	5 1) Hage	14	()	4/30/97	(407)	658-2117	