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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

## P95000014731 (0) **DOCUMENT #**

1. Corporation Name

GLAMOUR EXPRESS, INC.

| Principal Place of Business | Mailing Address |
|-----------------------------|-----------------|



| i inopari acce                                   | - Diction  | moning root eso   |  |  |   |   |                                     |
|--|--|---|--|--|---|---|-------------------------------------|
| 2885 ELECTONIC DRIVE #D-11<br>MELBOURNE FL 32935 |  |   | 2885 ELECTONIC <b>DRI</b> VE #D-11<br>MELBOURNE FL 32935 |  |   |   | •                                   |
|  |  |   |  |  | 3. Date Incorporated or Qualified 02/20/1995                  | 3a. Date of I                           | .ast Report                         |
| 2. Principal Plac                                | e of Business  | 2a, Mailing Address   | <b>10</b>  |  | 4 FEI Number D. Olavi   | *****                                   | Applied For                         |
| !1   | ·····  | 26  |  |  | 97-300-3109   |   | Not Applicable                      |
| Suite, Apt. #,                                   | elc.   | Suite, Apt. #, etc.   |  |  | 5. Certificate of Status Desired                              | <b>\$</b>                               | <b>8.75</b> Additional Fee Required |
| City & State                                     |  | Crty & State  |  |  | Election Campaign Financing     Trust Fund Contribution       |   | \$5.00 May Be<br>Added to Fees      |
| Ζφ<br>4  | Country<br>25  | Ζίρ<br><b>29</b>  | Country<br>30  |  | 8. This corporation has liability for in Florida Statutes Yes | intangible tax ur<br>□ No               | nders 199.032,                      |
|  | g. Name and Address of Curren  | t Registered Agent  |  |  | 10. Name and Address of New R                                 | egistered Age                           | nt                                  |
|  |  | ATATTA MALAL IN ALL ALL MALAL | 81   | Name                                       |   |   |                                     |
| Grover, reginald e<br>1918 Aurora Road           |  | 82  | Street Add   | ddress (P.O. Box Number is Not Acceptable) |   |   |                                     |
| MELBO  | URNE FL 32935  |   | 83   |  |   |   |                                     |
| •  |  |   | 84   | City                                       | <del></del>   | p 8                                     | 5 Zip Code                          |
|  |  | 1000 4000 50 11 60  |  | <u> </u>                                   | ration submits this statement for the pur                     | <u>FL</u>                               | 1                                   |
|  | d agent, or both, in the State of Floric<br>, and accept the obligations of, Secti |   |  | oration's boa                              | ard of directors. Thereby accept the appo                     | ointment as regi                        | stered agent. I am                  |
| Si   | gnature, typed or printed name of registered agent                                 |   | OTE: Registered Ager                                     | I signature require                        |   | DATE                                    |                                     |
| 12.  | OFFICERS AND   |   | 13.  | ·····                                      | ADDITIONS/CHANGES TO OFF                                      | ·                                       |                                     |
| TITLE  | GROVER, REGINALD E   | DELETE  | 1. 1 TITLE   |  | -   |   | hange Addition                      |
| NAME   | 582 PALMETTO DRIVE   |   | 1.2 NAME   | ADDRECC                                    |   |   |                                     |
| STREET ADDRESS CITY-ST-ZIP                       | MELBOURNE FL 32935   |   | 1.3 STREET<br>1.4 CITY- 5                                |  |   |   |                                     |
| MILE   | D  | L_1 DECEIE  | 2 1 TITLE  | 01~ZIF                                     |   | Γīc                                     | hange [1] Addition                  |
| NAME   | GROVER, LORIA ANN  | <b></b>   | 2.2 NAME   |  |   | " ليبيا                                 |                                     |
| STREET ADDRESS                                   | 582 PALMETTO DRIVE   |   | 2 3 STREET   | ADDRESS                                    |   |   |                                     |
| CITY - ST - ZIP                                  | MELBOURNE FL 32935   |   | 24 CHY-5   |  |   |   |                                     |
| TITLE  |  | DETE1E  | 3 11HTLE   |  |   | C                                       | hange 🔲 Addition                    |
| NAME   |  |   | 3.2 NAME   |  | ***   |   |                                     |
| STREET ADDRESS                                   |  |   | 3.3 STREE  | T ADDRESS                                  |   |   |                                     |
| CITY - ST - ZIP                                  |  |   | 3 4 CHY-5  | ST - ZIP                                   |   |   |                                     |
| THTLE  |  | DELETE  | 4. 1 TITLE   |  |   | □ c                                     | hange 🔲 Addition                    |
| NAME   |  |   | 4.2 NAME   |  |   |   | ·-                                  |
| STREET ADDRESS                                   |  |   | 4.3 STREET   | ADDRESS                                    | From some grown grown and the source of                       |   | ***                                 |
| CITY-ST-ZIP                                      |  |   | 4.4 CHY-5  | ii - zip                                   |   | 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | <u> </u>                            |
| TITLE  |  | DETELE  | 5. 1 TITLE   |  | 50000183<br>-05/23/96010<br>***200.00                         | :υ <b>ગ−−υ</b> <u>Γ</u> β6              | hange [ Addition                    |
| NAME   |  |   | 5.2 NAME   |  | **************************************                        |   |                                     |
| STREET ADDRESS                                   |  |   | 5.3 STREET   |  |   |   |                                     |
| CITY - \$T - ZIP                                 |  | DELETE  | 5.4 CITY - S   | ST-ZIP                                     |   | F7 ^                                    | nagas ET Addition                   |
| TITLE  |  | [ ] DETELE  | 6.1 TITLE  |  |   |   | nange 🔲 Addition                    |
| NAME<br>CZGSSZ ADDDEDG                           |  |   | 6.2 NAME   | *******                                    |   |   | ブル                                  |
| STREET ADDRESS                                   |  |   | 6.3 STREET   | l l  |   |   | ' 5                                 |
| CITY-S1-ZIP                                      |  |   | 6.4 CITY - S   | T-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 119.07(3)(k), 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 eath; 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 Biogly 13 if changed, or on an attachment with an address.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR