

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000014731 (0)

1. Corporation Name
GLAMOUR EXPRESS, INC.



Principal Place of Business
2885 ELECTONIC DRIVE #D-11
MELBOURNE FL 32935

Mailing Address
2885 ELECTONIC DRIVE #D-11
MELBOURNE FL 32935-2162

3. Date Incorporated or Qualified: 02/20/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 4915 SMITHFIELD RD
Suite, Apt. #, etc.

2a. Mailing Address
26 4915 SMITHFIELD RD
Suite, Apt. #, etc.

4. FEI Number: 59-3305404
Applied For: Not Applicable

22 City & State: MELBOURNE, FL

27 City & State: MELBOURNE, FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 Zip: 32934 Country: BREVIARD

28 Zip: 32934 Country: BREVARD

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
GROVER, REGINALD E
1918 AURORA ROAD
MELBOURNE FL 32935

10. Name and Address of New Registered Agent
81 Name: GROVER, REGINALD E
82 Street Address (P.O. Box Number is Not Acceptable): 4915 SMITHFIELD RD
83
84 City: MELBOURNE FL 85 Zip Code: 32934

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-instating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GROVER, REGINALD E	
STREET ADDRESS	582 PALMETTO DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROVER, LORIAN ANN	
STREET ADDRESS	582 PALMETTO DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GROVER, REGINALD E	
1.3 STREET ADDRESS	4915 SMITHFIELD RD	
1.4 CITY-ST-ZIP	MELBOURNE, FL 32934	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GROVER, LORIAN ANN	
2.3 STREET ADDRESS	4915 SMITHFIELD RD	
2.4 CITY-ST-ZIP	MELBOURNE, FL 32934	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ (Signature) 04-28-97 607-252-3903

CR2E034 (9/96)