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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000044455 (0)

Country

C/O STAINED GLASS FANTASY, INC.

Block 12 or Block 13 if changed, or on an attachment

9. Name and Address of Current Registered Agent

25

12591 COUNTRY EAGLE LANE

BARNES, BRUCE J

CAPE CORAL FL 33909

STAINED GLASS FANTASY, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Zιρ

Suite, Apt. #, etc.

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12591 COUNTRY EAGLE LANE CAPE CORAL FL 33909

2, Principal Place of Business

Suite, Apt. #, etc.

City & State

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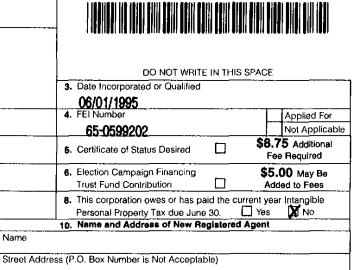
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Zip

12591 COUNTRY EAGLE LANE CAPE CORAL FL 33909

FILED Jan 27 1998 8:00am Secretary of State



Zip Code

85

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

Country

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City

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SIGNATURE	Signature, typed or printed name of registered agent and tille it	Lapplicable. (NO	E. Registered Agent signature requ	pired when reinstating) DATE
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Ď	DELETE	1.1 TITLE	☐ Change ☐ Addi
NAME	BARNES, BRUCE J		1.2 NAME	
STREET ADDRESS	12591 COUNTRY EAGLE LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33909		1.4 CITY - ST - ZIP	
TITLE	Ď	DELETE	2.1 TITLE	☐ Change ☐ Addi
NAME	Barnes, amy j		2.2 NAME	
STREET ADDRESS	12591 COUNTRY EAGLE LANE		2.3 STREET ADDRESS	
CiTY-ST-ZIP	CAPE CORAL FL 33909		2 4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addit
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
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TITLE		DELETE	4.1 TITLE	Change Addit
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
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TITLE		☐ DELET e	5.1 TITLE	☐ Change ☐ Addit
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addit
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
AUTV 07 700				

14. I 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 suppliemental 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