FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000089623 (9)**

1. Corporation Name
GLAMOUR PUSS, INC.

Principal Place of Business
7233 CENTRAL AVENUE
ST. PETERSBURG FL 33710

Mailing Address
7233 CENTRAL AVENUE
ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified: **11/22/1995**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22)
Suite, Apt. #, etc (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-3347258 — 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**
ENGLANDER, LEONARD S ESQUIRE
5959 CENTRAL AVENUE
SUITE 201
ST. PETERSBURG FL 33710

10. **Name and Address of New Registered Agent**
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 607.1508, 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 the date signature (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ENGLANDER, LEONARD S	
STREET ADDRESS	5959 CENTRAL AVENUE, SUITE 201	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/D	☐ Change ☒ Addition
2.2 NAME	DIANA ROSIN	
2.3 STREET ADDRESS	9050 BAYWOOD PARK DRIVE N.	
2.4 CITY-ST-ZIP	SEMINOLE, FL 34647	
3.1 TITLE	S/D	☐ Change ☒ Addition
3.2 NAME	DEBI ENGLANDER	
3.3 STREET ADDRESS	9016 BAYWOOD PARK DRIVE N.	
3.4 CITY-ST-ZIP	SEMINOLE, FL 34647	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	JOSEPH ROSIN	
4.3 STREET ADDRESS	9050 BAYWOOD PARK DRIVE N.	
4.4 CITY-ST-ZIP	SEMINOLE, FL 34647	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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 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: Diana Rosin PRESIDENT (813)381-5757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)