## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000088898**1. Corporation Name

GLORIOUS IMAGE, INC.

Principal Place 4973 SOUTH OI ORLANDO FL 3	RANGE AVENUE		Address JTH Orange Avenu ) FL 32806	JE		DO NOT WRITE IN THE  3. Date Incorporated or Qualifed  10/28/1996	S SPACE	
2. Principal P	lace of Business	2a. Maili	ng Address			4. FEI Number		oplied For
21		26				59-3406803		ot Applicable
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
22		27						
City & State	e	City	& State -			6. Election Campaign Financing		May Be to Fees
23		28				Trust Fund Contribution		to rees
Zip	Country	Zip		_ Coun □	try	8. This corporation owes the current year In	ntangible TTYes	□No
24	25	29	30	<u>D]</u>	<del>-</del>	Personal Property Tax.  10. Name and Address of New Registered		
Name and Address of Current Registered Agent					B1 Name	10. Name and Address of New Redictions	-	
PALMER, HUGH M 1150 LOUISIANA AVENUE, SUITE 5 WINTER PARK FL 32789				F - & - 82 Street Addi THE	L_CORP.  SSAPO Box Number is Not Acceptable) GREENLEAF BUILDING  LAURA STREET, 3D FLOOR		Codo A 4	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050/ registered form, or both, in the State of am familiar with and appending oblique	2 and 607.15 of Florida. Su tions of. Sect	08, Florida Statutes ich change was aut ion 607.0505, Florid		JAUN	For submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	202-3527 s registered egistered
$   _{\text{CIONATURE}}\rangle = \frac{1}{2} \sqrt{    _{1}} \sqrt{    _{1}}$				HN A	. SANDER	.S	<del></del>	
: W//W////				<del>-</del> -	Agent signature require	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AN	D DIRECTO		13.	<u>-</u>	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	<b>U</b>			1,1 TITI	!		[ oag-	
NAME	NEWWAY, CAROL			1.2 NA				
STREET ADDRESS					REET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32806			•	Y-ST-ZIP		☐ Change	Addition
TITLE	D		☐ DELETE	2.1 TIT	_			
NAME	PERREAULT, SUZI	_		2.2 NA				
STREET ADDRESS		E			REET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32806				TY-ST-ZIP		Change	Addition
TITLE	D .		☐ DELETE	3.1 TIT			□ ournige	
NAME	CHAN, WAI YEE	_		3.2 NA				
STREET ADDRESS		t			REET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32806 !			•	ry-ST-ZIP		Change	Addition
TITLE			☐ DELETE	4.1 T/T				- radinos
NAME	<u> </u>			4.2 NA	ME			

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 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 chapted, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

☐ Change

☐ Addition

Addition

FILED May 07, 1999 8:00 am Secretary of State

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