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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600095846 (7)

GLASS LIMITED, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

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23

24

Zip

Principal Place of Business Mailing Address

3384-I MERCHANTILE AVE.
NAPLES FL 34104 NAPLES FL 34104

Country

9. Name and Address of Current Registered Agent

25

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1997 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

ELLIS, VICTORIA 3384-I MERCHANTILE AVE. NAPLES FL 34104

83 B4 City FL 85 Zip Code

e above-named corporation submits this statement for the purpose of changing its registered

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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE

30

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change Addition NAME ELLIS, RENE' J 1.2 NAME CR2E034 3384-I MERCHANTILE AVE. STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE TITLE ☐ Change 2.1 TITLE Addition NAME ELLIS, VICTORIA 2.2 NAME STREET ADDRESS 3384-I MERCHANTILE AVE. 2.3 STREET ADDRESS CITY - ST - ZIF NAPLES FL 34104 2. 4 CITY - ST-ZIP DELETE 3.1 TITLE Change TITLE Hilton, Diane Addition NAME NOLTON, DIANE 3.2 NAME 3384-I MERCHANTILE AVE. STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZiP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY -ST - ZIP TITLE DELETE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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:

VI CHOCIDYA FIRE OREQUIRED

1-2898 941-

941-643-5442