

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90185 014 ***150.00

DOCUMENT # P97000076134

1. Corporation Name

GLASSY-COMPUTER-COVERS, INC.
COMPUTER-AIDS, INC.

Principal Place of Business

8206 25TH ST. EAST
PARRISH FL 34219

1301 10th St. E.
SUITE E.

PALMETTO, FL. 34991

Mailing Address

P.O. BOX 584

ELLENTON FL 34222

US

1301 10th St. E.

SUITE E.

PALMETTO, FL. 34991

2. Principal Place of Business

21 1301 10th St. E.

Suite, Apt. #, etc.

22 SUITE E.

City & State

23 PALMETTO FL.

Zip

24 34991 25 U.S.A.

Country

2a. Mailing Address

26 1301 10th St. E.

Suite, Apt. #, etc.

27 SUITE E.

City & State

28 PALMETTO, FL.

Zip

29 34991 30 USA.

Country

9. Name and Address of Current Registered Agent

STEWART, MARYLIN
8206 25TH ST. EAST
PARRISH FL 34219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

65-0784351

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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 Marilyn Stewart
Signature, typed or printed name of registered agent and title if applicable.

(Marilyn Stewart)
(NOTE: Registered Agent signature required when reinstating)

4-15-99
DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME STEINBERG, RICHARD W
STREET ADDRESS 3030 U.S. HIGHWAY 301
CITY-ST-ZIP ELLENTON FL 34222

TITLE D
NAME STEWART, MARYLIN
STREET ADDRESS 8206 25TH ST. EAST
CITY-ST-ZIP PARRISH FL 34219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marilyn Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99 941793-0910
Date Daytime Phone #

CR2E034 (1/98)