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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000100083 (9)

GLAZE CRAZE, INC.

在一条时间 表名的 "我是我是我们的一个人的,我们就是一个人的人的人的,我们就是我们的人的人的,我们是一个人的人的人的人,也是一个人的人的人,我们们就是一个人的人,我们们们是一个人的人,我们们们们们

FILED Apr 24 1998 8:00am Secretary of State



Delevis Diagonal Diag	4.4 (1)			
Principal Place of Business	Mailing Address	NINOE BOILE		
6251 PALM TRACE LANDINGS DRIVE APT. 304	6251 PALM TRACE LAND APT. 304	JINGS UHIYE		
DAVIE FL 33314	DAVIE FL 33314		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified 11/25/1997	471-4 to
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	Applied For
1 801 S. University 1	Dr. 26 801 S.Univ	ersity Dr.	65-0804520	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	- · · · · · · · · · · · · · · · · · · ·		\$8.75 Additional
B 132	27 B 132		5. Certificate of Status Desired	Fee Required
City & State	City & State	۱ مع	6. Election Campaign Financing	\$5.00 May Be
PROVITACETORIST	28 Pluntation	<u> </u>	Trust Fund Contribution	Added to Fees
7 33334 25 Country	7ip	Country	8. This corporation owes or has paid the	
9. Name and Address of Cu	29 33324	30 US	Personal Property Tax due June 30.	Yes No
SCHWARTZ, JAY D	item nedistaten wähut	81 Name	10. Name and Address of New Registere	a Agent
ONE TURNBERRY PLACE		Maille		
19495 BISCAYNE BOULEVARD	CTE enn	82 Street Add	lress (P.O. Box Number is Not Acceptable)	
AVENTURA FL 33180	31E. 009	83		
AVENTORA LE 33 160		00		
		84 City	-	85 Zip Code
1 Pursuant to the provisions of Sections 607	0502 and 607 1509 Florida Statut	as the shows period com	poration submits this statement for the purpose	
office of registered agent, or both, in the 5	tate of Florida. Such change was a	authorized by the corpora	tion's board of directors. I hereby accept the a	ppointment as registered
agent. I am familiar with, and accept the of	uligations of, Section 607.0505, Fig	orida Statutes.		
SIGNATURE				
Signature typed or printed name of requirees	d agent and title if applicable (NOT)	Remissared Amont signature requir	red when reinstaling) DATE	
Signature: typed or printed name of registered	d agent and title if applicable (NOTI AND DIRECTORS	E Registered Agent's gnature requi		
Signature typed or printed name of regulation 2. OFFICERS TILE D		Registered Agent's gnature requi	ored when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
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