

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 10:10

DOCUMENT # **S09858** (9)

1. Corporation Name
ALEX. M. GLUHAREFF, INC.

Principal Place of Business Mailing Address
**4700 PINE ISLAND ROAD NW
MATLACHA FL 33909
US** **P.O. BOX 66
MATLACHA FL 33909-7066**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Quoted 3a. Date of Last Report
10/30/1990 **02/18/1994**

4. FEI Number Applied For / Not Applicable
65-0230281

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. 109.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**GLUHAREFF, ALEXANDER M.
4700 PINE ISLAND ROAD N.W.
MATLACHA FL 33909**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLUHAREFF, ALEXANDER M.	1.2 NAME	
STREET ADDRESS	4700 PINE ISLAND RD NW	1.3 STREET ADDRESS	
CITY- ST- ZIP	MATLACHA FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLUHAREFF, ALEXANDER M.	2.2 NAME	
STREET ADDRESS	4700 PINE ISLAND DR NW	2.3 STREET ADDRESS	
CITY- ST- ZIP	MATLACHA FL	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMIG, MARGARET, A	3.2 NAME	
STREET ADDRESS	5387 ANN ARBOR DR	3.3 STREET ADDRESS	
CITY- ST- ZIP	BOKEELIA FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I hereby certify that the information supplied on this report is accurate and correct. I am not equally for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information indicated on this report is accurate and correct 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 and the recipient of this report is required to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed. (If not applicable, delete this block.)

SIGNATURE: _____ DATE: **3/8/95 (813) 283-0220**

SIGNATURE AND TITLE OF PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR:
ALEXANDER M. GLUHAREFF, PRESIDENT