FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida
Articles of Incorporation

APPROVED
MAY 1 1995
95 MAY -1 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S14238 (7)

1. Corporate Name
GLASS ART STUDIOS, INC.

Principal Place of Business
1000 CLINT MOORE ROAD
SUITE 103
BOCA RATON FL 33487
US

Mailing Address
1000 CLINT MOORE ROAD
SUITE 103
BOCA RATON FL 33487
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation / Qualified: 11/26/1990
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: 65-0231296 — 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 has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
COMISKEY, GLENN
1000 CLINT MOORE ROAD
SUITE 103
BOCA RATON FL 33487

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 Section 607.0505 Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of section 607.0505 Florida Statutes.

Signature

12. OFFICERS AND DIRECTORS
Title: PVD
Name: COMISKEY, GLENN
Street Address: 1000 CLINT MOORE ROAD, SUITE 103
City, State, Zip: BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Title: PD — ☒ Change ☐ Addition
Name: COMISKEY, GLENN
Street Address: 1000 CLINT MOORE RD, SUITE 103
City, State, Zip: BOCA RATON FL 33487

Title: VST — ☐ Change ☒ Addition
Name: COMISKEY, MARLYNDA
Street Address: 1000 CLINT MOORE RD, SUITE 103
City, State, Zip: BOCA RATON, FL 33487

Title: ☐ Change ☐ Addition
Name:
Street Address:
City, State, Zip:

Title: ☐ Change ☐ Addition
Name:
Street Address:
City, State, Zip:

Title: ☐ Change ☐ Addition
Name:
Street Address:
City, State, Zip:

Title: ☐ Change ☐ Addition
Name:
Street Address:
City, State, Zip:

14. I hereby certify that the information indicated on the 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 a director or officer 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 on Block 12 or Block 13 of the report or is attached with an address.

SIGNATURE: GLENN COMISKEY 4/24/95 (407) 998-9455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0278869 CP