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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$14238

(7)

GLASS ART STUDIOS, INC.

FILED Apr 16 1997 8:00am Secretary of State



Principal Piace of Business 1000 CLINT MOORE ROAD SUITE 103 BOCA RATON FL 33487 US		1000 C Suite	Mailing Address 1000 CLINT MOORE ROAD SUITE 103 BOCA RATON FL 33487-2806 US				:	3. Date Incorporated or Qualified 3a. Date of Last Report			
							·	11/26/1990		01/1996	
	l Place of Business	J	ailing Address					4. FEI Number		*******	Applied For
21		26						65-0231296			Not Applicabl
Suite, Ap 22	DI #, GIC	27	ite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required
Cily & Si	late		y & State					6. Election Campaign Financing			0 May Be
23		28						Trust Fund Contribution			d to Fees
Ζφ	Country	Zŧ)	Co	ountry	,		8. This corporation has liability for			s. 199,032,
24	[25]	29		30						□ No	
	9, Name and Address of Cu	rrent Hegistere	a Agent		81	Nar		10. Name and Address of New F	legistered	Agent	
	OMISKEY, GLENN				"	110					
1000 CLINT MOORE ROAD					82	Stre	et Addres	s (P.O. Box Number is Not Accept	able)		,
	UITE 103 OCA RATON FL 33487				83	 -		<u></u>			
D	OOM NATON FL 30407				-						
					84	City	,		FL	_ 85 Zi	p Code
12.	Signaria: types or princet name of registere OFFICERS	d agent and title if api AND DIRECTO		13		in signa	aure required	when reinstating) ADDITIONS/CHANGES TO OF	DATE ICERS AN	D DIRECT	
	PD COMISKEY, GLENN		L_J DELETE	1						LI Chang	E ADDINO
NAME STREET ADORES	**** **********	SHITE 102		•	NAME STREET	ADDRE	<u>, (</u>				
CITY ST ZIF	BOCA RATON FL	1 00115 100			CITY - S		~				
TITLE	VST	**************************************	DELETE		TITLE	- 11	 			Change	e Additio
NAME	COMISKEY, MARLYNDA			2.2	NAME						
STREET ADDRES	1000 CLINT MOORE RD, S	UITE 103		2.3	STREET	ADDRE	ss				
CITY - ST - ZIP	BOCA RATON FL				CITY-	ST-21P		······································			
THILE			DELETE	ı	TITLE			7	t	Change	e Additio
NAME Oroset Applica					NAME	1000-					
STREET ADDRES	. A					ADORE	55				
CiTY-SI-7:P TiTLE			DELETE		CITY-:	51 - ZIP	 		······································	Change	e
NAME					NAME		Ì				
STREET ADDRES	38					ADDRE	ss				
COY+ST-ZIP				4.4	CITY - S	1 - ZIP					
TOTAL			DELETE	5.1	TITLE					Chang	e Additio
NAMÉ				5.2	NAME						
STREET ADDRES	is					ADDRE	ss				
CITY - ST - ZIP			DELETE		CITY-S	7-ZIP			,	Chang	e 🔲 Additio
TITLE			☐ OELETE	•	TITLE NAME		-			Unany	e LLI MOUREO
NAME STREET ADDRES	200			B		ADDRE	99				
CITY-ST-ZIP	h)				OITY-S		~				
O1-1-51-Fit					0/11/0	., . 511			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

14. I do 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 charged, or on an abaptiment with an address.

SIGNATURE:

4/10/97

(S61) 998-9455

A94607