

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995 7-18-95		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 18 AM 8:36

DOCUMENT # S72985 (2)

1. Corporation Name
TERRY GLOSSER, INC.

Principal Place of Business 975 IMPERIAL GOLF COURSE SUITE 119-32 NAPLES FL 33942	Mailing Address 975 IMPERIAL GOLF COURSE SUITE 119-32 NAPLES FL 33942
-----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 08/12/1991		3a. Date of Last Report 11/02/1994	
4. FEI Number 65-0286811		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country				2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country				9. Name and Address of Current Registered Agent VOLPE, MICHAEL J. 4001 TAMiami TR. NORTH SUITE 330 NAPLES FL 33940				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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	NAME GLOSSER, TERRY	11 TITLE DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3420 THORNBURG LN	CITY - ST - ZIP BONITA SPRINGS FL	12 NAME GLOSSER, TERRY	
		13 STREET ADDRESS 517 CLUBSIDE DR	
		14 CITY - ST - ZIP NAPLES, FL 33963	
TITLE DVS	NAME GLOSSER, RENEE S.	21 TITLE DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3420 THORNBURG LN	CITY - ST - ZIP BONITA SPRINGS FL	22 NAME GLOSSER RENEE	
		23 STREET ADDRESS 517 CLUBSIDE DR	
		24 CITY - ST - ZIP NAPLES, FL 33963	
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	62 NAME	
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Terry Glosser Pres. 6-15-95 813-5667238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Printed)
TERRY E GLOSSER

CR2E034 (3/95)