

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 01 1996 8:00 am
Secretary of State

DOCUMENT # P96000002892 (3)

1. Corporation Name
~~GLASS ENTERPRISES OF SARASOTA, INC.~~ *NATIVE CHANNEL CO. TO:*
CLASS ENTERPRISES, INC. 5.30.96



Principal Place of Business: **2090 S. TAMiami TRAIL OSPREY FL 34229**
Mailing Address: **2090 S. TAMiami TRAIL OSPREY FL 34229**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1995	3a. Date of Last Report
21. Suite, Apt #, etc	22. City & State	23. Zip	24. Country	25. Suite, Apt #, etc	26. City & State
27. Zip	28. Country	29. Zip	30. Country	4. FEI Number 65-0677626	Applied For Not Applicable
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ECK, PHILLIP D 200 S. ORANGE AVE. SARASOTA FL 34236				81. Name STEVEN DEMARCO	
				82. Street Address (P.O. Box Number is Not Acceptable) 2090 S. TAMiami TRAIL	
				83. City OSPREY	
				84. State FL	
				85. Zip Code 34229	
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: <i>Steven Demarco</i> STEVEN DEMARCO, PRESIDENT 7-29-96 <small>Signature type for profit or non-profit corporation agent and title applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/T/D
STREET ADDRESS		1.3 STREET ADDRESS	DEMARCO, STEVEN
CITY-ST-ZIP		1.4 CITY-ST-ZIP	2090 S. TAMiami TRAIL
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	S/D
STREET ADDRESS		2.3 STREET ADDRESS	DEMARCO, LCU JR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	6101 34TH ST. WEST-126
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	BRADENTON FL 34210
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	200001910412
STREET ADDRESS		6.3 STREET ADDRESS	-08/01/96--01020--023
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***225.00

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steven Demarco* **STEVEN DEMARCO** **7-29-96** **941-966-3399**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (3/96)