

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P97000018767**  
1. Corporation Name  
**FANTASIES IN STAINED GLASS**

Principal Place of Business: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **2-28-97**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>6163 BUNTING RD</b>	26 <b>6103 BUNTING RD</b>	<b>65-0732671</b>	Not Applicable
22 Sulte, Apt. #, etc.	27 Sulte, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 <b>ORCHARD PARK, NY</b>	28 <b>ORCHARD PARK, NY</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 <b>14127</b>	29 <b>14127</b>	30 <b>USA</b>	30 <b>USA</b>
25 <b>USA</b>	31 <b>USA</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: <b>FRANCIS X. OPIELA</b>
	82 Street Address (P.O. Box Numbers Not Acceptable): <b>7125 FRUITVILLE RD #600</b>
	83 _____
	84 City: <b>SARASOTA</b> FL 85 Zip Code: <b>34240</b>

11. Pursuant to the provisions of Sections 607.0542 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *Francis X. Opiela* FRANCIS X. OPIELA, P 4-29-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	<b>P FRANCIS X. OPIELA</b>
STREET ADDRESS		13 STREET ADDRESS	<b>6103 BUNTING RD</b>
CITY-ST-ZIP		14 CITY-ST-ZIP	<b>ORCHARD PARK, NY 14127</b>
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	<b>500002522625</b>
CITY-ST-ZIP		54 CITY-ST-ZIP	<b>-05/14/98--01001--020</b>
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	<b>***150.00</b>
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 or changed or on an attachment with an address

SIGNATURE: *Francis X. Opiela* FRANCIS X. OPIELA 4-29-98 (716)649-7893

CR2E034 (10/97)