

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 12 1996 8:00 am
Secretary of State

DOCUMENT # 476818 (0)

1. Corporation Name
GLATTING JACKSON KERCHER ANGLIN LOPEZ RINEHART, INC.



Principal Place of Business Mailing Address
33 E PINE STREET ORLANDO FL 32801-2607

3. Date Incorporated or Qualified **05/27/1975** 3a. Date of Last Report **04/26/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1594244	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8	This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

CROWELL, PATRICK C.
320 N. MAGNOLIA AVE.
SUITE B-9
ORLANDO FL 32801

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0532 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERCHER, WILLIAM C. JR.	1.2 NAME	
STREET ADDRESS	247 TIMBERLAND AVENUE	1.3 STREET ADDRESS	8750 Pisa Drive, Apt #316
CITY-STATE-ZIP	LONGWOOD, FL.	1.4 CITY-STATE-ZIP	Orlando, FL 32810
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGLIN, WILLIAM J., JR.	2.2 NAME	
STREET ADDRESS	350 SENACCA TRAIL	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MAITLAND FL	2.4 CITY-STATE-ZIP	
TITLE	VTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, SERGIO R.	3.2 NAME	
STREET ADDRESS	629 MARINER WAY	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ALTAMONTE SPRINGS, F	3.4 CITY-STATE-ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLATTING, JACK F.	4.2 NAME	
STREET ADDRESS	105 RED BAY	4.3 STREET ADDRESS	
CITY-STATE-ZIP	LONGWOOD FL	4.4 CITY-STATE-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINEHART, JOHN F.	5.2 NAME	
STREET ADDRESS	17635 SEIDNER ROAD	5.3 STREET ADDRESS	
CITY-STATE-ZIP	WINTER GARDEN FL	5.4 CITY-STATE-ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, TIMOTHY T.	6.2 NAME	
STREET ADDRESS	1397 S RIDGE LAKE CIR	6.3 STREET ADDRESS	
CITY-STATE-ZIP	LONGWOOD FL	6.4 CITY-STATE-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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE # _____

CR2E034 (12/95)