

**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

DOCUMENT # **K93328 (8)**

1. Corporation Name  
**GLADES HOTEL CORPORATION**



Principal Place of Business Mailing Address  
**1755 N CONGRESS AVE BOYNTON BEACH FL 33426** **1755 N CONGRESS AVE BOYNTON BEACH FL 33426**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>1100 Linton Blvd</b>	26	<b>P.O. Box 4727</b>	<b>06/06/1989</b>	<b>05/01/1995</b>
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	Applied For
22	<b>Ste C-9</b>	27		<b>65-0123186</b>	Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	<b>Delray Beach FL</b>	28	<b>Portsmouth NH</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Zip <b>33444</b>	29	Zip <b>03802</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CRITCHFIELD, RICHARD H. 1745 NORTH CONGRESS AVE BOYNTON BEACH FL 33426</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85
					<b>FL</b>		

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when replacing agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERGER, ANDREW</b>	12 NAME	
STREET ADDRESS	<b>1755 N CONGRESS AVE</b>	13 STREET ADDRESS	<b>1100 Linton Blvd., Ste. C-9</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	14 CITY-ST-ZIP	<b>Delray Beach, FL 33444</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENE, DOUGLAS</b>	22 NAME	
STREET ADDRESS	<b>1755 N CONGRESS AVE</b>	23 STREET ADDRESS	<b>One Cate St., Ste. 3</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	24 CITY-ST-ZIP	<b>Portsmouth, NH 03801</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMURRAIN, THOMAS T.</b>	32 NAME	
STREET ADDRESS	<b>1755 N CONGRESS AVE</b>	33 STREET ADDRESS	<b>1100 Linton Blvd., Ste C-9</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	34 CITY-ST-ZIP	<b>Delray Beach, FL 33444</b>
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	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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, or on an attachment with an address.

SIGNATURE: *[Signature]* **8/5/96 (603) 433-4742**

CR2E034 (3/96)