

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

FILED

**Mar 19 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000075056 (7)
 1. Corporation Name
GLC OF CENTRAL FLORIDA INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2401 SUN VALLEY CIRCLE WINTER PARK FL 32792	Mailing Address 2401 SUN VALLEY CIRCLE WINTER PARK FL 32792
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3. Date Incorporated or Qualified
09/09/1996

2. Principal Place of Business 21 1509 E. Horatio Ave Suite, Apt. #, etc. 22 City & State 23 Maitland, FL Zip 24 32751 Country 25 Orange	2a. Mailing Address 26 1509 E. Horatio Ave. Suite, Apt. #, etc. 27 City & State 28 Maitland, FL Zip 29 32751 Country 30 Orange
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4. FEI Number
59-3401165 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**CONSTANTINE, FELICIA L
 2401 SUN VALLEY CIRCLE
 WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81 Name Constantine Felicia L.
82 Street Address (P.O. Box Number is Not Acceptable) 1509 E. Horatio Ave.
83
84 City Maitland FL 85 Zip Code 32751

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, Sections 607.0505, Florida Statutes.

SIGNATURE *Felicia Constantine* DATE **3/5/98**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CONSTANTINE, FELICIA L	
STREET ADDRESS	2401 SUN VALLEY CIRCLE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	Constantine Felicia L.	
STREET ADDRESS	1509 E. Horatio Ave	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(i), 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: *Felicia Constantine* DATE: **3/5/98**

CR2E034 (10/97)