

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

FILED
Feb 10 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 # 338873 (3)
1. Corporation Name
GLACE & RADCLIFFE, INCORPORATED

Principal Place of Business
800 S. ORLANDO
MAITLAND FL 32751

Mailing Address
800 S. ORLANDO
MAITLAND FL 32751



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1968	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1226621	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> XIX	\$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 owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

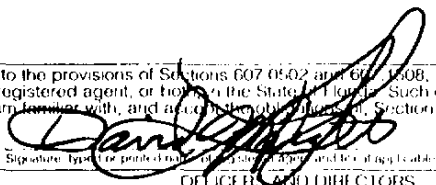
PALM, WILLIAM H.
2127 MALLARD CIRCLE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
Wright, David L.
82 Street Address (P.O. Box Number is Not Acceptable)
2143 Deer Hollow Circle
83
84 City
Longwood
FL
85 Zip Code
32779

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 607.0506, Florida Statutes.

SIGNATURE



David L. Wright, President

1/26/98

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALM, WILLIAM H	1.2 NAME	
STREET ADDRESS	2127 MALLARD CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSELRING, RONALD B	2.2 NAME	VDS
STREET ADDRESS	3837 MIRROR LAKE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VDS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFORD, ELEASE C.	3.2 NAME	
STREET ADDRESS	640 PARK LAKE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, DAVID L.	4.2 NAME	CPDT
STREET ADDRESS	2143 DEER HOLLOW CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE		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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 amendment with an address.

SIGNATURE:



David L. Wright, President

(407) 647-6623

CR2E034 (10/97)